



Instructions and Application for Grant Funds—Individual Grants

Rise Again financially supports alternative/progressive treatments for individuals with a spinal cord injury and for professional development of therapists in Western Pennsylvania.

Application Policy

To apply for financial assistance from Rise Again, please complete and submit the application along with the required documents. Applications are reviewed by the Rise Again Board of Directors on a monthly basis. Grant funds are awarded based on the availability of funds and at the sole discretion of the board of Rise Again. All applicants will be contacted following review of their application. The requirements for applying are:

- Applicants must be diagnosed with a spinal cord injury.
- Applicants must be Western Pennsylvania residents.
- The application must be accompanied by a signed letter from the applicant treating physician on that physician's letterhead stating the applicant's full name and diagnosis.
- All sections of the application must be completed and all accompanying documents must be submitted prior to the board reviewing the request.
- Rise Again prefers to disburse grant monies directly to the provider on behalf of recipients. If that is not possible, you will need to include a copy of the receipt(s).
- Please contact Rise Again 724-790-4818 if you have any questions concerning the application process.

Please send completed application and accompanying documents by to:

Rise Again
PO Box 1683
Cranberry Township, PA 16066
riseagainsci@gmail.com



Rise Again Individual Grant Application

Date of Application: _____

Name: _____

Birth Date: _____

Name and relationship of person completing the application:

Address:

Email Address: _____ Phone number: _____

Estimated or Actual Costs: _____ Date(s) of therapy/treatment _____

Are you seeking a grant for travel costs to participate in therapy/treatment? If so, list the provider contact information. Include the mileage/housing costs.

Are you seeking a grant for alternative/holistic treatment? If so, please list the provider contact information. Include a letter/invoice from the provider with the application listing the cost.

Please provide a brief description of your situation and what therapy/treatment is being sought. Attach information such as a brochure, website, etc. that includes a description of the therapy/treatment.

In consideration of the receipt of grant for travel/therapy/treatment awarded by Rise Again, _____, (the recipient thereof), him/herself or through his/her parent or legal guardian, hereby releases and forever discharges Rise Again, its officers, directors, employees, agents, affiliates and volunteers (hereafter collectively referred to as "Rise Again") from and against any and all claims, of any type, which arise from or are related to:

1. Any therapy/treatment complications or undesirable results
2. Any allegation that the therapy/treatment was not what was expected
3. Any other matter, of any type, related, in any way, to the recipient's participation in travel/therapy/treatment

Name Date

I stipulate that the information included in this application is true to the best of my knowledge. Further, I understand that the presence of inaccurate information in this application could result in the need for the re-evaluation of this application on the part of Rise Again.

Name Date

Liability Release

I stipulate that the information included in this application is true to the best of my knowledge. Further, I understand that the presence of inaccurate information in this application could result in the need for the re-evaluation of this application on the part of Rise Again.

Name Date

Authorization to Use Name and Likeness

The applicant and his/her parents or legal guardian hereby acknowledge and agree that acceptance of a grant from Rise Again may result in publicity. The recipient and his/her parents or legal guardian hereby irrevocably authorize Rise Again:

- To publicize and use the recipient's likeness, voice and features, with or without his/her name, for any publication, promotion, trade or business use, or any other purpose

- To photograph, videotape, film and record each recipient in any manner Rise Again chooses including on our website and social media outlets.
- To copyright, convey or otherwise distribute, now or in the future, any such material involving the recipient, his/her parents or legal guardian and that said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, radio stations
- To publicize, now or in the future, the name of the recipient including information regarding his/her physical condition and details regarding the grant received from Rise Again.
- The recipient and his/her parents or legal guardian agrees that it is not necessary for Rise Again or anyone else to contact them prior to releasing any information authorized by this document. The recipient and his/her parents or legal guardian hereby releases Rise Again from and against any and all claims, of any type, which arise from or are related to Rise Again's use, distribution or disclosure of any photographs, films, video, electronic recording or other information regarding the recipient and the award from Rise Again.

Applicant Name

Date

If under 18 years of age-Legal Guardian

Date

If you are applying on behalf of a child under 18 years, please complete.

I _____
(Legal Guardian's Name) (Legal Guardian's Signature)

I am the Legal Guardian of _____
(Applicant's Name printed)