



Instructions and Application for Grant Funds - Therapists

Rise Again, a tax-exempt non-profit corporation, is dedicated to the following mission: Rise Again supports individuals with spinal cord injury or illness to believe and reach beyond expectations. Rise Again will also provide grants to professionals and organizations who focus on improving the quality of life of those affected by spinal cord injury or illness.

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 a licensed and practicing physical or occupational therapist.
- 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 mail to:

Rise Again
PO Box 1683
Cranberry Township, PA 16066
Contact@RiseAgainSCI.org

Rise Again Therapist Grant Application

Date of Application: _____

Name: _____ Occupation: _____

Address: _____

Email: _____ Phone Number: _____

Place of Employment: _____

Address: _____

Manager's Name and Contact Information _____

Please sign here if you consent to Rise Again contacting the above-named individual to discuss your request: _____

Estimated or Actual Costs: _____ Date(s) of Training _____

Are you eligible to receive reimbursement from your employer to pay for this training? Please explain why or why not.

Do you work with patients with a spinal cord injury? Please explain your interest in learning more SCI.

Please provide a brief description of what training you are requesting. Attach information such as a training brochure, website, registration etc. that includes a description of the training and the cost.

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.

_____ Date _____
Name

In consideration of the receipt of grant for training awarded by Rise Again, _____, (the recipient thereof), him/herself 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 undesirable results from training
2. Any allegation that the training was not what was expected
3. Any other matter, of any type, related, in any way, to the recipient’s participation in training

_____ Date _____
Name

Additional Information

How did you find out about Rise Again?

Have you applied for grants from anyone else? If so, who and what is the status?

Authorization to Use Name and Likeness

The applicant hereby acknowledges and agree that acceptance of a grant from Rise Again may result in publicity.

- 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 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 details regarding the grant received from Rise Again.

- The recipient 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 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.

Name

Date