



2023 GRANT & SCHOLARSHIP APPLICATION

Hello member of PossAbilities! We are pleased that you have decided to apply for assistance through our grant and scholarship program. The purpose of a PossAbilities grant or scholarship is to provide support for our members to improve the quality of life, assist in the reintegration of those with disabilities into the community and society, and to meet the specific needs of our members.

This application is designed to help determine your eligibility for a grant or scholarship, to provide a way for you to apply for an award, and to provide information as to how awards are granted. Please work through the application and follow all instructions. **Your application must be complete to be considered.** Use the **Checklist** worksheet on page 4 & 5.

What type of funding is available?

Funding can be awarded to members for the following:

- Equipment to improve quality of life
- Accessibility grants (Not to exceed \$15,000)
- Educational scholarships (Not to exceed \$5,000)
- Travel to and/or participation in adaptive sporting events
- Other needs specific to the disabled population

**IF YOU RECEIVE A GRANT, YOUR ATTENDANCE IS MANDATORY
AT THE CELEBRATION DINNER
ON DECEMBER 10, 2023 IS REQUIRED.**

Who can apply?

Any member of PossAbilities may apply based on the guidelines listed below. A friend or family member may also apply on behalf of a PossAbilities member, as long as the PossAbilities member is willing to sign a release of liability if selected to receive support.

- Members: A PossAbilities member is anyone with a disability who applies for membership and is enrolled in the program. Members are entitled to full benefits and are eligible to apply for grants and scholarships in support of needs they are not able to meet otherwise. Requests for funds to be used as supplemental income or to pay for medical care can not be provided by PossAbilities.

How are awards granted?

Awards are distributed directly to an organization, school, or company providing the resource for the PossAbilities member. PossAbilities does not give money directly to any individual. Awards are determined based on the applicant's level of involvement in the program, longevity of membership, need, and potential impact on the applicant's life.



GRANT & SCHOLARSHIP APPLICATION (continued)

When can I apply?

Applications may be submitted to PossAbilities from June 1st through August 31st. An application that is mailed must be postmarked by 11:59 pm on August 31st. The application may be completed online or downloaded for printing at www.teampossabilities.org.

How do I submit an application?

You may submit your completed application in one of the following ways:

1. Via mail to:
PossAbilities
25455 Barton Road, Suite 109A
Loma Linda, CA 92354 OR
2. Via email to possabilities@llu.edu
Subject Line: Grants and Scholarships Application OR
3. Via online application at www.teampossabilities.org OR

What happens after I submit the application?

Once your completed application is submitted, you will be notified in writing that your application was received. You will be notified of an award or denial no later than September 30th.

Who decides?

A review panel consisting of PossAbilities staff and members of the community will review, vote, and decide on awards for applicants. It is the intention and purpose of PossAbilities to thoughtfully consider all applications. While all needs are relevant, the quantity and diversity of the awards are dependent upon available funds.

Can I apply more than once?

Due to the number of requests and the diversity of the needs of our members, you may only submit one application per calendar year. Past recipients of funding are not eligible to be considered for a PossAbilities grant or scholarship for two years from when they received funding. Applicants awarded an accessibility grant must wait three years. This ensures that PossAbilities is able to assist as many members as possible.

**To determine if you are eligible
please proceed to the next page.**



ARE YOU ELIGIBLE?

Are you a member of PossAbilities?

 YES NO

STOP! Only members are eligible to apply. If you selected NO, please contact the PossAbilities office regarding membership.

Do you have a disability?

 YES NO

If you selected NO, you are not eligible to apply.

Can you confirm that your need is not for support to pay medical or personal bills and/or expenses?

 YES NO

STOP! If you answered NO to this question, please contact the PossAbilities office for support. A grant or scholarship cannot provide for basic and/or personal expenses.

Does your request fall into one of the categories listed below?

 YES NO

- Adaptive equipment
- Educational scholarship
- Travel to and/or participation in a sporting event
- Mobility need
- Athletic activity

Are you an active member of PossAbilities?

 YES NO

STOP! If you answered NO to this question, you are not eligible for a grant or scholarship. Funding is limited and only active members qualify for a grant or scholarship. .

You are required to attend the PossAbilities Annual Celebration Dinner taking place in December 2022. Are you able to attend?

 YES NO

STOP! If you answered NO to this question, you are not eligible for a grant or scholarship.

**If you answered YES to ALL of the questions above,
you are eligible to complete the following Application. Please continue to page 4.**

**If you answered NO to ANY of the questions above,
you are not eligible to apply at this time.**



REQUIRED SUPPORTING DOCUMENTS

SUPPORTING DOCUMENT #1: INVOICE FOR EXPENSES

All applicants are required to submit verification that the amount they are requesting is an appropriate expense for the product or service they are requesting funding for. **PROPOSALS OR ESTIMATES WILL NOT BE ACCEPTED IN LIEU OF AN INVOICE.** All invoices must be billed to: PossAbilities, 25455 Barton Rd., Suite 109A, Loma Linda, CA 92354

For equipment, construction services, or purchases from a vendor:

- Attach an invoice and W-9 from the company or business that will provide equipment or services.

OR, for tuition and/or books for education:

- Attach an invoice and W-9 for the cost of tuition and/or estimated book expenses from the school.

SEE PAGE 5 FOR MORE INFORMATION ABOUT EDUCATIONAL SCHOLARSHIPS AND ADAPTIBILITY GRANTS.

SUPPORTING DOCUMENT #2: COMPLETED W-9

A W-9 must be completed by the vendor, company, business, or school that provides the invoice.

SUPPORTING DOCUMENT #3: REFERENCE LETTER

****REQUIRED if request is more than \$1,000****

Applicants are required to submit a reference letter for requests that are more than \$1,000. Reference letters can be provided by anyone who knows you. Friends and family members can write a recommendation, but an employer, teacher, or community member who is not a friend or family member is preferred.

A letter of recommendation must contain the following information:

- Explain your disability and understand your need
- How a grant or scholarship would improve your quality of life
- Make a case that your request is appropriate and that you qualify for a grant or scholarship
- Give their assessment of your character and your ability to responsibly manage any award that is given to you

Only one letter is required per applicant.

*****NOT REQUIRED if request is less than \$1000*****

SUPPORTING DOCUMENTS #4: BIOGRAPHY & PHOTO

All applicants are required to submit 2 personal photos and a one page personal biography describing your disability, how it was attained (if applicable), your current activities and future goals. If selected as a recipient how will this improve your life? You must also email 2 personal high resolution digital photo along with your application (preferably related to your grant request) to cnieto@llu.edu. Your application will be considered incomplete until a high resolution photo has been submitted.



REQUIRED SUPPORTING DOCUMENTS (continued)

ARE YOU APPLYING FOR AN EDUCATIONAL SCHOLARSHIP?

If you are applying for an educational scholarship, you must submit the following documentation with your application:

- A completed and signed W-9 from the school.
- The school (registrar's office, financial aid, or student accounts office) needs to provide a document on school letterhead that provides the student's name, student I.D., and the payable information that provides where the scholarship check will be mailed to.
- Proof of which course(s) (including course description) or book(s) the grant will be used for. This can be printed from the school website or school catalog.

ARE YOU APPLYING FOR AN ADAPTABILITY GRANT?

If you are applying for an adaptability grant that includes home modifications, you must submit the following documentation with your application:

- Proof of home ownership. Applicant or applicant's parents must own the residence that will be undergoing modifications.
- Proof of current contractor's license. Selected contractor must be licensed in their respective state.
- A completed and signed W-9 from the contractor.
- The invoice from the contractor must contain the following items:
 - a. Contractor's business name, address, phone, and email.
 - b. Tax I.D. or social security number.
 - c. Reference to the grant recipient (i.e. Accessibility grant for Jane Doe)
 - d. Billable to:
 - PossAbilities
 - 25455 Barton Rd., Suite 109A
 - Loma Linda, CA 92354
 - e. Invoice will bill for 50% to start the job and 50% upon completion.
 - f. Must include the following statement: Any expense that exceeds the \$15,000 provided by this grant is the responsibility of the homeowner.

Upon completion of the modifications, photos will need to be provided along with an impact statement from the grant applicant.

NOTE: Your application will be considered incomplete if any required documentation is missing. Incomplete applications will not be considered for an award.

CHECKLIST

Your application is ready to submit once you have....

- Answered YES to ALL questions on **Are You Eligible?** (pg. 3)
- Attached your **Supporting Documents** including your invoice, W-9, letter of reference (if applicable), 1 page biography, and digital photo (pg. 4 & 5)
- Completed and signed the **Application** (pgs. 6, 7 & 8)
- Signed **Release of Liability** forms (pg. 9 & 10)

**You are important to our program!
We look forward to making a difference in the lives of our members.**



APPLICATION

FOR OFFICE USE ONLY
Date Received: _____
Tracking #: _____
By: _____

APPLICANT INFORMATION

First name	Last name	Phone no. ()
Mailing address	Email address	
City	State	ZIP Code
What is your disability?	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Please check one:

I have regular access to a computer and am able to receive written communication via email.

I do not have access to a computer and need to receive information via regular mail.

MEMBERSHIP INFORMATION

In what year did you join PossAbilities? _____

How many years have you been a member? _____

List ALL the program events and activities you have attended in the last year:

Total # events attended in the last year _____

WHO IS COMPLETING THIS APPLICATION?

Please check one:

I am completing this application on my own behalf. **Skip Steps 1 and 2 below.**

I am completing this application on the behalf of a PossAbilities member and have all the necessary documentation required. I understand that if the request is granted, the member must be willing to sign a release of liability in order to receive a grant or scholarship. My contact information is listed below (Step 1) for the purpose of this application.

STEP 1

First name	Last name	Phone no. ()
Mailing address/P.O. Box	Relationship to applicant	
City	State	ZIP Code

STEP 2

Should correspondence regarding this application be sent to the application recipient?

YES

NO (If answered NO, notification will be sent to the address listed above in Step 1).



APPLICATION (page 2)

SUPPLEMENTAL INFORMATION

How will this request improve your quality of life? Give a brief explanation of what you need, why you need it, and how it will improve your quality of life. What will you do if you are awarded a grant or scholarship? The information you provide will be used by the review panel to determine the status of your request.

WHAT IS YOUR REQUEST?

Describe your request in 7 words: _____
(i.e. Travel expenses to attend National Basketball Tournament.)

Please choose the category of funding you are requesting:

- Equipment grant
- Accessibility grant
- Educational scholarship
- Athletic grant – travel to and/or participation in sporting events

Amount Requested \$ _____

It is required that you provide an invoice for the purchase or service you would like to receive. (See **Required Supporting Documents** section on page 4).

Is this amount requested included on an invoice from a vendor, business, or organization? YES NO

If answered NO, your application will be deemed incomplete and will not be considered. (See **Required Documents** section on page 4).

WHO SHOULD THE FUNDS BE SENT TO?

Vendor, business, or organization

Phone no.

()

Mailing address

P.O. Box

City

State

ZIP Code

Contact person

Contact phone no.

()

Tax ID#

Contractor License #



APPLICATION (page 3)

SUPPLEMENTAL INFORMATION (CONTINUED)

What other resources or requests for funding have you made for this need? (Please provide the name of the organization and what you requested?)

Amount requested from other organization \$ _____

HOUSEHOLD FINANCIAL INFORMATION

There are several different funding sources for the PossAbilities grant program. Depending on the financial information you provide, you may be considered for more than one source of funding.

How many members are in your household? _____

What is your annual household income? \$ _____

REFERENCES

Name of Reference #1

Relationship to you

Phone no.

()

I give my permission for a PossAbilities staff member to contact my references.

YES

NO

WAIVER AND AGREEMENT

I, _____, the undersigned, agree that by submission of this application, I agree to hold Loma Linda University Health, and its trustees, officers, employees, volunteers and agents harmless from any and all claims, actions and/or cause of action arising directly or indirectly as a result of the decision made by PossAbilities. My signature verifies membership in PossAbilities and gives you permission to use my bio and related photos of me or my dependents in support of Loma Linda University Health or any of its divisions. I attest that the information provided in this application is true, correct, and complete to the best of my ability.

If under 18 years old - Parent or Guardian

Date

Signature of Applicant

Date



ASSUMPTION OF OBLIGATION AND LIABILITY FOR GIFT

I, _____ understand and agree that the (specify equipment or vehicle) _____ provided to me by the Loma Linda University Medical Center d/b/a PossAbilities program is given to me without express or implied warranties, including, but not limited to a warranty of fitness for a particular purpose. I agree to accept the (specify equipment or vehicle) _____ "as is" without any obligation of PossAbilities to register, license, repair, maintain or insure it now or in the future. The entire obligation and liability to repair, maintain, register, license, insure (specify equipment or vehicle) _____ shall be mine and I release and hold harmless PossAbilities and its trustees, officers, employees, volunteers and agents from any such obligations or liability.

Signed _____

Date _____

Printed Name _____

ASSUMPTION OF OBLIGATION FOR IMPACT ON FINANCIAL ASSISTANCE AND BENEFITS

I, _____ understand and acknowledge that my receipt of (specify equipment or vehicle) _____ from Loma Linda University Medical Center d/b/a PossAbilities may adversely affect my qualification for financial assistance from the federal, state or local governments or private charitable organizations and make me ineligible for such assistance. Although PossAbilities may refer me to individuals or agencies that can advise me on such financial effects, it has no obligation to do so. I understand and agree that the entire obligation is mine for coordination of this gift with any other financial benefits that I receive. I hereby release PossAbilities and its trustees, officers, directors, employees, volunteers and agents, from any and all liability for adverse affects to my qualification and eligibility for financial assistance due to my receipt of (specify equipment or vehicle) _____ from PossAbilities.

Signed _____

Date _____

Printed Name _____



LOMA LINDA UNIVERSITY
HEALTH

PossAbilities

ASSUMPTION OF OBLIGATION AND LIABILITY FOR TAX CONSEQUENCES

I, _____ understand and acknowledge that receipt of (specify equipment or vehicle) _____ from the Loma Linda University Medical Center d/b/a PossAbilities may create federal and state tax income liability for me. It is my responsibility to determine any tax consequences with a competent professional. I hereby accept my responsibility for any tax consequences of my receipt of (specify equipment or vehicle) _____ and release and hold harmless PossAbilities and its trustees, officers, employees, volunteers and agents for any tax consequences that I incur as a result.

Signed _____

Date _____

Printed Name _____

As Parent / Guardian / Conservator (Circle One) for _____

Name _____

Address _____

Phone _____

Email _____

Sb/Contracts/PossAbilities Liability Form

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
: : : : : : : : :
or
Employer identification number
: : : : : : : : : : : : : : :

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,