Amputee Blade Runners Grant Application Instructions

If you are interested in applying for a free running, or sports prosthesis, please complete the following requirements and email to amputeebladerunners@gmail.com. You are also able to mail the components to 356 24th Avenue North / Suite 300 / Nashville, TN 37203. If there are any issues with what is required, or any problems arise, please email amputeebladerunners@gmail.com to inform us and we will work to accommodate them.

Required Components:

- 1. Grant Application Form
 - a. Fill out the application and sign it
- 2. Personal Essay please answer the following questions (Max 2 pages)
 - a. What do you plan to do with a running prosthesis?
 - b. What would you do with a running prosthesis that you can't do with your walking prosthesis?
 - c. What things do you struggle with on your walking prosthesis that a running prosthesis would help with?
 - d. How would getting a running prosthesis impact your life?
- 3. Reference Essay

a. Please have a family member/friend/or health professional provide a minimum 1/2 page - maximum 1 page essay stating why you should receive this grant for a running leg, or sports leg. Whoever writes this essay must sign the letter and provide a contact number.

- 4. Photos of your residual limb and prosthesis
 - a. Photos of residual limb and any skin/ bone issues on the residual limb
 - b. Photos of prosthetic limb with cosmetic coverings/ footshell removed
 - c. Photos of socket/ suspension method, including liners (if applicable)
- 5. Description of everyday activity level
 - a. Write a short paragraph describing day-to-day activity level, including work/ school/ exercise/ hobby interests
- 6. Video of "running in place"

a. As seen on the grant page, demonstrate ability to "run in place", or quickly transfer weight back and forth between feet with both feet being off the ground at the same time (what occurs in running)

What to Expect for the Amputee Blade Runner Application Process:

- We accept applications on a rolling basis, but please allow for a 90+ day process for us to have time to meet and review your application as a board, as well as request for any additional information, medical, or otherwise.
- There will be a follow-up call to the application with a board member of Amputee Blade Runners prior to the application review by the board. This call will be used to discuss and understand the current prosthetic situation, goals, and expectations more clearly.
- If selected for a grant to receive a sports, or running prosthesis, all individuals will need to travel to Nashville, Tennessee in order to be fitted with their new prosthesis. The duration of this visit can be discussed in the follow-up phone call and will vary on a case-by-case basis.
- Applicants should be prepared to walk three 5ks in their local area in their current prosthesis prior to being fitted with a new running prosthetic. This is done for multiple reasons, including demonstrating an applicant's interest in running. Exceptions can be made for extenuating circumstances, prosthetic, or otherwise. Please don't let this dissuade you from applying, as for a lot of runners we currently are supporting needed to work to reach this level.

Applicant Name:		_Date of Birth:	Sex: M / F
Height:Weight:	Address:		
City:	State:	Zipcode:	
Home Phone:		_Cell Phone:	
Email:			
			Cell Phone:
If under age of 18 Legal	Guardian Inform	ation	
Name:		_Relationship to Applicant:_	
Address:			
City:	State:	Zipcode:	
Home Phone:		_Cell Phone:	
Email:			
Applicant Information Cause of Amputation (circ Trauma Congenital Birth Def Level of Amputation (circ	ele): řect Disease Cancer le):		
Side of Amputation: (L	/ R / Both)	Years as an Amputee:	
Years Wearing Prosthesis:		_ Amputation Surgeon:	
Current Prosthetic Provide	er:	_Name of Prosthetist:	
Prosthetist Email:		Prosthetist Phone Number:	

Amputee Blade Runners Grant Application Form

Type of Prosthesis

Socket Design:______
Suspension Method:______
Knee Unit:_____

Foot:

*If unsure of how to answer these questions then consult with your prosthetist or leave blank

General Questionaire

Are you employed?	yes	no	
If yes, more than 30 hours per week?	yes	no	
Breifly describe your job duties:			
Do you receive Social Security?	yes	no	
Are you insured?	yes	no	
Do you currently have limitations with your prosthesis?	yes	no	
Do you wear your prosthesis everyday?	yes	no	
Do you have any major health issues?	yes	no	
If yes, please list all:			
Do you take any presribed medication?	yes	no	
If yes, please list all:			
How many prosthetic legs do you have total?			
Are you a student?	yes	no	
If yes, what level of school:			
Do you participate in sport activities?	yes	no	
Are you a member of an athletic team?	yes	no	
How did you hear about Amputee Blade Runners?			

Please provide a list of days and times of the week that you are available for the follow-up phone call (approximately one hour). Please leave as much availability as possible:

Applicant Signature:	Date:	
Guardian Signature (if applicant under 18):	Date:	

*Please submit this application form together along with the other required components *