



**Mission Statement**

Providing emotional, financial and educational support to student athletes who experience catastrophic head or spinal injuries in sanctioned team events throughout New Jersey, Pennsylvania and Delaware; and to provide educational and financial support related to the research, prevention and care of such injuries.

**APPLICATION FOR FINANCIAL AWARD**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

School attending at time of injury: \_\_\_\_\_

Date of injury: \_\_\_\_\_

Circumstances of injury (please explain how injured and extent of injury):

\_\_\_\_\_  
\_\_\_\_\_

Intended purpose of financial award (what will it be used for):

\*\* Supporting documentation may be required, including but not limited to: medical justification from health care provider, equipment prescription specifications, etc., dependent upon proposed use of financial award.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other means of financial assistance are you receiving, and are there limits to that coverage?

a) Insurance (primary and secondary): \_\_\_\_\_

\_\_\_\_\_

b) Fundraisers: \_\_\_\_\_

\_\_\_\_\_

c) Private resources: \_\_\_\_\_

\_\_\_\_\_

d) Other foundations (besides ATF): \_\_\_\_\_

\_\_\_\_\_

Eligibility checklist:

Please mark all that apply to your application:

1. Injured during sanctioned athletic event (game or practice) \_\_\_ Yes \_\_\_ No
2. Student athlete status at time of injury (any level) \_\_\_ Yes \_\_\_ No
3. Incurred catastrophic spinal cord or head injury \_\_\_ Yes \_\_\_ No
4. Within geographic jurisdiction of NJ, PA or Del \_\_\_ Yes \_\_\_ No  
\* either resident of or student athlete attending school within

This award can apply for those with new injuries, or those previously injured who need additional assistance.

No reimbursement will be provided for paid bills; submission must be processed prior to payment, since Taliaferro Foundation will only pay directly to provider.

I attest that information provided herein is current, complete and accurate.

\_\_\_\_\_  
Person completing application

\_\_\_\_\_  
Date

Completed applications for financial award should be forwarded to:

**Adam Taliaferro Foundation  
PO Box 8232  
Turnersville, NJ 08012**

**You may also email in your completed application to [ostrumg@yahoo.com](mailto:ostrumg@yahoo.com)**