



Dear FBSP Applicant:

Thank you for your interest in the Fighting Back Scholarship Program (FBSP). Our mission is to provide scholarships to individuals who have suffered a life changing injury or illness and have endured that experience through courage, desire and perseverance.

Our scholarship awardees are a very special group of people. We invite you to apply for a scholarship and join that special team. Please complete the enclosed application for payment assistance and the personal profile. It is very important that each section be completed in its entirety. All applicants are required to have two (2) letters of reference, one of which is to be completed by a medical professional. If you have any questions, please contact Scott Dillman at 610-986-5624. Scholarships are awarded semi-annually for six month periods. Application due dates are October 1st for scholarships beginning January 1st and April 1st for scholarships beginning July 1st. One-on-one fitness training will be completed on-site at our facility in Malvern, PA.

Completed forms are to be mailed or emailed to my email:
josettecicacci@gmail.com

Josette Cicacci
145 Berkley Road Suite 201
Devon, Pa 19333
Fighting Back Scholarship Review Team

FIGHTING BACK SCHOLARSHIP PROGRAM
Application for Payment Assistance

Please answer all questions fully and completely and write or type as clearly as you are able.

Name _____ Age _____

Address _____

Telephone Number (home) _____ (work) _____

I am applying for funds for: myself _____ a relative _____

I am _____ am not _____ currently a member of the Fighting Back Program.

Brief Statement of your medical diagnosis/disability:

What are you able to pay out of pocket per week?

\$25 \$50 \$75 \$100

Insurance Information

Company Name _____

Policy Number _____

Address _____

Phone Number _____

Point of Contact _____

Will _____ Will not _____ sponsor Fitness Program. Will provide \$ _____

APPLICANT:			
INCOME:		EXPENSES:	
Total income from Federal tax return			
Gifts		Housing	
nontaxable interest and dividends		Transportation	
nontaxable disability income		Medical	
nontaxable social security income		Other	
Other	_____		_____
Total income	_____	Total Expenses	_____
ASSETS:		LIABILITIES:	
Checking		Credit cards	
Savings		Car Loans	
securities		Loans secured by residence	
Personal residence		Real estate loans	
Real estate		Business loans	
privately held businesses	_____	other personal loans debt	_____
Total Assets	_____	Total Liabilities	_____
RELATIVE			
INCOME:		EXPENSES:	
Total income from Federal tax return			
Gifts		Housing	
nontaxable interest and dividends		Transportation	
nontaxable disability income		Medical	
nontaxable social security income		Other	
Other	_____		_____
Total income	_____	Total Expenses	_____
ASSETS:		LIABILITIES:	
Checking		Credit cards	
Savings		Car Loans	
securities		Loans secured by residence	
Personal residence		Real estate loans	
Real estate		Business loans	
privately held businesses	_____	other personal loans and debt	_____
Total Assets	_____	Total Liabilities	_____
		<input type="checkbox"/>	check this box if you are not required to file a tax return
		<input type="checkbox"/>	check this box if you are claimed as a dependent on another person's tax return

PERSONAL PROFILE

Please answer the following questions. These questions can be answered on paper or video. There are no right answers or preparation that is needed; simply tell your story. (Family or friends may answer the questions if the applicant is unable.)

Stated with reference to your disability or injury, why do you need the services of The Fighting Back Program?

Please describe any major improvements you have made toward your recovery.

What is the biggest obstacle to your recovery and how do you approach that?

What are your short-term goals with regard to your recovery?

What are your long-term goals with regard to your recovery?

Do you see yourself as a role model for other people?

All statements made above are true, to the best of my knowledge.

Signature

Date

Action taken by the Selection Committee:

Date of applicant notification: _____

LETTER OF REFERENCE

The Fighting Back Scholarship Program recognizes and provides scholarships for individuals who have suffered a life-changing injury or illness and have transformed their lives through that experience by means of courage, desire and perseverance, to become better people and role models for the rest of us to improve our own lives.

_____ has applied for scholarship money from the Fighting Back Scholarship Program to assist in his/her rehabilitation. In order for us to evaluate each candidate we need to learn more about him/her.

How long have you known the candidate? _____

Please provide insight into the candidate's character (demonstrating courage, desire and perseverance) and any other information that would help us know _____ and why he/she is deserving of this scholarship.

Your name _____

Medical or Personal reference? _____

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