

Make Lemon Aide® Foundation for CP

Application for Cerebral Palsy First Step Recovery Model Physical Therapy Grant

The Make Lemon Aide® Foundation for Cerebral Palsy (“CP”) is a 501(c)(3) private, non-profit foundation that was established in 2013 in an effort to bring awareness to CP.

Inspired by Lauren Walier, a young woman living with CP, we follow her motto: *“Be Courageous - in everything we do and we won't stop until we accomplish all of our goals.”*

Deadline to Apply is October 31, 2021

CP Symptom Recovery Model Therapy Grants

Any person of any age with a registered physician’s active diagnosis of CP, including child patients (under 18 years of age) and their parents, guardians or legal custodians, who are U.S. citizens (“Applicant(s)”) may apply for a CP First Step Recovery Model (“FSRM”) Physical Therapy Grant (“Grant”) regardless of race, color, sex or national origin. First Step Recovery Model physical therapy, (www.firststeppt.com) is a highly effective treatment model for achieving maximum results

CP FSRM Physical Therapy Grant Application Process

- Applicants must submit an acceptable application as described below (“Application”) to and the Application must be received by the Make Lemon Aide® Foundation for CP by **not later than October 31, 2021.**
- Make Lemon Aide® Foundation for CP in its sole discretion will review the Application, taking into account any factors of Applicants and Child for evaluation and may elect to approve the Application or elect to not approve the Application and, in either case, will notify Applicants accordingly **in January-February 2022.**
- Grants in the amount of 20/30 hours of CP FSRM Physical Therapy will be awarded for the sole purpose of addressing an Applicant’s needs for CP physical therapy – including a patient evaluation. Travel and lodging arrangements are the responsibility of each successful Application and such expenses are not included in a Grant.
- This Application does not guarantee that Grant will be awarded and if not awarded it does not mean that the Application lacks merit, however, by applying for a Grant the Applicant understands and agrees with the terms and conditions of this Application and acknowledges that the Make Lemon Aide® Foundation for CP, is incorporated as Make Lemon Aide®, Inc., a State of Georgia, U.S.A. corporation and a private, 501(c)(3) organization with limited resources.
- Only one grant will be awarded per applicant per calendar year.
- The Grant Committee will review each application, we respectfully request no phone calls or emails inquiring about the status of your application. Grant recipients will be notified by phone.

CP FSRM Physical Therapy Grant

PLEASE READ CAREFULLY

Deadline to Apply is October 31, 2021

1. All Applications are provided and received on a confidential basis, however, Applicants must acknowledge and understand that for the purpose of evaluating Applications the Make Lemon Aide® Foundation for CP may disclose the information contained in an Application to and share such information with third parties for the purpose of evaluating the Application, and if an award is granted Applicant hereby grants permission to use the Applicant's name and likeness including photos and other biographical information, in order to promote the charitable purpose of the Make Lemon Aide® Foundation for Cerebral Palsy and Make Lemon Aide®, Inc. in connection with the Application and Grants for CP Therapy.
2. Applicants agree to provide further information as may reasonably be requested by the Make Lemon Aide® Foundation for CP.
3. Applicants must sign and return the General Release and Statement of Confidentiality.

Send Application materials to the following address [must be received by Oct. 31, 2021]:

➤ **Email Address** (send as PDF attachment to): fightcp@makelemonaide.org/

➤ **Mailing Addresses** (first class U.S. mail, postage prepaid or overnight mail is acceptable):

Make Lemon Aide® Foundation for Cerebral Palsy
12460 Crabapple Road, Suite 202-100
Alpharetta, GA 30004

Make Lemon Aide® Foundation for Cerebral Palsy
Western NY Regional Office
P.O. Box 674
Hamburg, NY 14075

APPLICATION FOR CP FSRM PHYSICAL THERAPY GRANT (2 Pages)

Deadline to Apply is October 31, 2021

Be Sure to Submit Attachments A through D with Your Application

1. Full Name of Applicant: _____

2. Address of Applicant: _____

3. If Applicant is aged 18 or under, name(s) and address(es) of parents, guardians or legal custodians:

4. Applicant's Date of Birth: _____

5. Applicant's E-mail Address: _____

6. Applicant's Phone Number: _____

7. Amount of medical insurance or other benefits, including therapy grants, which Child presently receives: _____

8. Applicant's Diagnosis _____

9. **ATTACHMENT A:** A summary provided by Applicant or Applicant's physician or physical therapist, summarizing the disability and the CP therapy received by the Applicant and description of results.

10. **ATTACHMENT B:** A short essay (no less than 100 words) of the day-to-day circumstances of the disability, such as difficulty with schooling or socializing or mobility.

General Release and Statement of Confidentiality (return with Application)

In consideration for receipt and review of this Application for a CP SRM Physical Therapy Grant by the Make Lemon Aide® Foundation for Cerebral Palsy, Applicant, as identified below does hereby release, discharge and agree to hold harmless, and agrees to indemnify the Make Lemon Aide® Foundation for Cerebral Palsy and Make Lemon Aide, Inc., its directors, officers, employees, agents and assigns against and from any causes of action, claims, demands, damages, costs, expenses, all consequential damages and attorneys' fees (regardless whether pursuant to the laws of any county, state or country) claimed by, through or on behalf of the Applicant(s) and, if applicable, Applicant's parents, guardians, custodians, and their agents, related directly or indirectly to this Application for a CP SRM Physical Therapy Grant.

The Applicant(s), as identified below, further expressly agrees that this release is intended to be as broad and inclusive a release of liability as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. the Applicant(s), as identified below, hereby warrant and represent that he/she has carefully read this release and agree to its terms and conditions, that before signing this release he/she had the chance to ask questions; and he/she is aware that by signing this release, he/she assumes all risks and waives and releases certain substantial rights that he/she may have or possess against the Make Lemon Aide® Foundation for Cerebral Palsy and Make Lemon Aide, Inc.

Applicant hereby by agrees for himself/herself and on behalf of Applicant(s) under the age of 18, that any materials or information submitted with the Application to the Make Lemon Aide® Foundation for Cerebral Palsy and Make Lemon Aide, Inc. may be disclosed to and shared with third parties for the purpose of the evaluation of the Application.

If an award is granted Applicant hereby grants, for himself/herself and on behalf of Applicant(s) under the age of 18, permission to use the Applicant's name and likeness, including photos and other biographical information, in order to promote the charitable purpose of the Make Lemon Aide® Foundation for Cerebral Palsy and Make Lemon Aide®, Inc. in connection with the Application and Grants for CP SRM Physical Therapy.

Print Name of Applicant(s): _____

Affix Signature of Applicant(s): _____

Date: _____

End of Application

Website: <http://www.makelemonaide.org/about-the-foundation/>
"Make Lemon Aide®" is a U.S. registered trademark of Make Lemon Aide, Inc.