

Application (next session starts January 8th, Tuesdays & Thursdays) Date **Program cost will be discussed via email or phone call after the application is completed. Scholarships are available and will be determined by application process. ** **Applicant Information** DOB: Full Name: Last First M.I. Address: Street Address Apartment/House# City State ZIP Code Phone: **Email** Relationship Phone Emergency Contact: Class Specific Information Injury Type: _ Wheelchair ■ Walking Device Independently Ambulatory Mobility: Class Time Preference (not guaranteed): 2:30PM 3:30PM 4:30PM Other Other Adaptive Needs/Restrictions (i.e. AFO, Gripping Devices, Wristbands, etc): Goals for participation in GRIT Gym: **Employment Information** Are you currently YES NO YES NO employed? If no, is future employment a goal? If yes, please list current employer and length of employment: Salary/Wage: (*If applying for intent of scholarship) Military Service

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	Disclaimer and Signature		
,	with a violation of the law that resulted in, or if still pending could		•
•	tence, or the revocation or suspension of your driver's license?	Yes	No
(Note: May not exclude you f	rom participating in program)		
1637			
If Yes, please explain:			
			
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I certify that my answers are	true and complete to the best of my knowledge.		
•	inancial assistance scholarship, I understand that false or mislead	ing inform	nation in
my application may result in l	my release from the program.		
Signature:	Date:		
Please return application to:	QLI		
	Attn: Stephanie Roob 6404 N 70th Plaza		
	U4U4 IN / UIII FIAZA		

Omaha, NE 68104

or sroob@qliomaha.com