

The WINTER Program, LLC.

# Winter Intensive TheraSuit® Scholarship Application

*Deadline to apply is October 15, 2016!*

APPLICATION TERMS AND CONDITIONS/REQUIREMENTS:

- There are 17 scholarships to be awarded in amounts of (10) \$1,000, (5) \$3,500 and (2) \$6,900. If awarded a scholarship, you have 1 calendar year to use it or it will be forfeited. Once scholarships are awarded, no more considerations for additional scholarships will be made at this time.
- Submitting this application is simply an entry into a drawing with no guarantee of awarded scholarship.
- Submitting this application and being awarded any scholarship amount does NOT guarantee patient services. Within ten (10) business days after receiving awarded scholarship notification, parent/legal guardian must complete full application, complete with physician referral, X-rays, and a video. The Winter Program will complete an initial evaluation to ensure patient's safety and program compatibility. This is strictly for the safety of the patient.
- Winter Intensive Program is 3 hours per day, 5 days per week for 4 consecutive weeks for the initial session.
- The Winter Program is located in Houston, Texas. You must be willing to travel to a pre-assigned Houston location and pay for your own travel, lodging and related expenses for four (4) weeks.
- All information in the application must be complete and submitted in English.
- If approved for program and schedule is booked, failure to comply in any way with the assigned schedule without written notification from physician will cause scholarship and program to be forfeited.
- Parent/legal guardian must allow The WINTER Program, LLC to document progress. This includes photos, videos and/or parent interview. Any of these media tools may also be posted in our office, on our website and on social media including Facebook, Instagram, Twitter, and YouTube. All patient media will be identified as first name and last initial only.
- Once program is complete, parent/legal guardian must participate in an exit interview that includes the patient. The WINTER Program, LLC may use this interview on marketing and social media outlets including Facebook, Instagram, Twitter, our website and YouTube.
- "Like Us" on Facebook at <https://www.facebook.com/HoustonTherasuit/>

I, \_\_\_\_\_, have read, understood and agree with all of the terms and conditions listed above. I have full legal authority to enter into this agreement and I am the legal guardian of the minor child listed below.

\_\_\_\_\_  
Print Legal Parent/Guardian's complete name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's complete legal name

\_\_\_\_\_  
Child's date of birth

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Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's Diagnosis \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # (Cell & Home) \_\_\_\_\_

Scholarship Requested (Circle One)

\$1,000

\$3,500

\$6,900

Briefly List Patient's Medical History Since Birth: (add page if needed) \_\_\_\_\_

ESSAY NEEDED: Please type or neatly print in English an essay NO MORE THAN 600 WORDS about your request for scholarship including your child's medical history and family's journey. (Example of ideas: Previous and/or ongoing fundraisers held for treating patient, financial hardship, previous treatment programs, etc.).

*Deadline for all paperwork and Essay is October 15, 2016*

How To Submit (Both Application Pages & Essay):

Fax to: (713) 400-0452

Email to: [info@TheWinterProgram.com](mailto:info@TheWinterProgram.com)

Mail to: The WINTER Program, LLC (USA)  
Attn: Scholarship Application  
9900 Westpark Drive, Suite 100  
Houston, TX 77063

**NOTICE: AN APPLICATION IS ONLY COMPLETE WITH BOTH PAGES  
PRINTED, COMPLETED AND ESSAY ADDED !!!**

**ANY INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED !!!**

**Good Luck!!!! Remember the Deadline is October 15, 2016!!!**