

# LEAP Award Application

## What's A LEAP Award?

The ENDependence Center of Northern Virginia (ECNV), through a grant from the HSC Foundation, is excited to offer LEAP awards. LEAP awards support purchases of goods and services (not covered by Medicaid or other insurance) for youth and young adults with disabilities and chronic illnesses in the Washington metropolitan area. Examples include, but are not limited to:

- Clothing for a job or job interview
- Assistive technology to improve one's academic or professional potential
- Payment for training in a specific skill
- Computer hardware and/or software
- Instruction or fees for starting a business
- Tutoring or assistive learning tools

Awards will generally be under \$800.

## How Do I Apply?

To apply, please fill out the form below and return it to ECVN no later than Friday, August 21<sup>st</sup>, at 5:00 p.m. via:

- a) E-mail to [cynthiae@ecnv.org](mailto:cynthiae@ecnv.org) or
- b) Fax to Cynthia Evans, Director of Community Services at (703) 525-3585 or
- c) Mail your form to:

ECNV  
c/o Cynthia Evans  
2300 Clarendon Blvd., Suite 305  
Arlington, VA 22201

## Eligibility

To be eligible, applicants must meet **all** of the following criteria:

- 1) Be between the ages of 14 and 26.
- 2) Have a disability.
- 3) Reside in ECVN's service area: Arlington, Fairfax, or Loudoun County or the Cities of Alexandria, Fairfax, or Falls Church.
- 4) Not be a recipient of a LEAP Award during the last three (3) years.

**ENDependence Center of Northern Virginia**

**LIFE ENRICHMENT AWARDS PROGRAM (LEAP)  
APPLICATION FORM**

Be sure to read through this entire application package carefully before filling in the requested information. You may include additional pages if necessary. If you have any questions, contact: Cynthia Evans, ECVN Director of Community Services, [cynthiae@ecnv.org](mailto:cynthiae@ecnv.org) or (703) 525-3268

**Part 1 – GENERAL INFORMATION**

(Please type or print clearly in the blank spaces below)

<i>Name of Applicant (first, last)</i>	<i>Date of Birth</i>	<i>E-mail</i>
<i>Street Address</i>	<i>City, State, Zip</i>	<i>County</i>
<i>Phone</i>	<i>Item Being Requested</i>	

**Part 2 - QUESTIONNAIRE**

1. How did you hear about this opportunity?

2. Tell us the item, service, or opportunity you are requesting with a brief description if necessary. (You may attach a picture or document describing the item on a separate page).

3. Price: \$

4. Is there a deadline for purchase? \_\_\_\_\_ If so, please explain.

5. Describe how this item will assist your transition to independent living. Give specific examples of what you will be able to do or accomplish by being receiving this award. (200 words or less)

6. If you are not selected to receive this award, what would happen?

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**PART 3 - CERTIFICATE OF ACKNOWLEDGEMENT**

Name of Applicant (enter below)

LEAP Request (please list or describe what is being requested)

If the above LEAP Request is approved and awarded, it is understood and agreed that the undersigned does hereby grant and release ECNV and The HSC Foundation and its operating subsidiaries (collectively referred to as The HSC Health Care System), and any and all of its affiliates, agents, employees, directors, officers and contractors from any and all manner of claims, actions, causes of action, damages, suits, debts, expenses, demands, compensation and liabilities whatsoever, of every kind and nature, tort and/or contractual, both at law or in equity (collectively “Claims”), arising from the delivery, installation, use, and ownership of the LEAP award. The aforesaid release includes without limitation the release of all affected parties from any Claims arising from installation, maintenance, repair, and usage of the LEAP award and any and all warranty claims. The LEAP award is provided or delivered in as-is condition without any representations or warranties by ECNV as to its condition. No warranty is expressed or implied by any of the parties and the parties have specifically disclaimed implied warranties of merchantability and fitness for a particular purpose.

If the above LEAP request is approved and awarded, the applicant agrees to be interviewed by ECNV and/or The HSC Foundation to talk about how the award has impacted their transition process. The applicant also gives permission for interviews and photography (still pictures or videos) so that the information can be shared to positively impact the program, waives the right to inspect and/or approve the finished photographic product. The interviews and photography may be shared

with potential donors, the media, and the general public. It is understood that the applicant will not receive any money or other payment of any kind for the interviewing and photography nor for its use.

If the above LEAP request is approved and awarded, it is understood that the applicant will be ineligible for another LEAP award from any LEAP partner for three (3) years following the end of the year in which a LEAP award is made.

If a LEAP request is being submitted to multiple LEAP partners, please list the partners below. *For a current list of LEAP partners, please see: [www.hscfoundation.org/Partners](http://www.hscfoundation.org/Partners):*

1)	
2)	
3)	

If additional space is needed, please provide this information on a separate sheet of paper.

I certify that the information contained in this document is correct and understood. I understand the ***Life Enrichment Awards Program*** has the right to check the information I provided on this document and may need additional information. I have reviewed this document, and I understand my rights and the permission(s) I am granting.

\_\_\_\_\_  
*Applicant's or Representative's Signature*

\_\_\_\_\_  
*Date*

**ENDependence Center of Northern Virginia**

**LIFE ENRICHMENT AWARDS PROGRAM (LEAP)**

**Part 4 – MEDIA RELEASE FORM**

By signing below, I   
authorize HSC Foundation and The ENDependence Center of Northern  
Virginia (ECNV) to use my photos, written statements, or other materials as  
part of marketing and PR.

\_\_\_\_\_  
*Applicant's or Representative's Signature*

\_\_\_\_\_  
*Date*