



Electronic Chair GIVEAWAY

Invacare Pronto M51 with SureStep

Giveaway Guidelines

Arizona Disabled Sports (AzDS) is giving away one (1) like-new [Invacare Pronto M51 with SureStep](#) to a current athlete of AzDS. You must apply to be eligible for the give-away before the deadline of Monday, July 3rd, 2017 at 9:00am. Athletes who demonstrate a financial strain and require mobility assistance for daily living are strongly encouraged to apply. Seat dimensions are 18" both for width and depth with a weight capacity of 300 lbs. Winner of the chair will require majority vote from the judge's panel. The winner will be announced on Saturday, July 15th, 2017.

Requirements of Giveaway Recipient

This giveaway was made possible through a donation made in loving memory of Patricia Dyess. Thank you!

1. Please like Arizona Disabled Sports on [Facebook](#) and provide a review.
2. Be a current athlete of Arizona Disabled Sports.
3. Complete the application and turn it in prior to the deadline.

Application Instructions

Incomplete applications or applications received passed the deadline of Monday, July 3rd, 2017 at 9:00am will not be considered. Please call Nina Bernardo at 480.835.6273 if you have questions or concerns regarding your ability to complete the application or if you wish to review the chair specifications/features prior to applying. The information provided on the applications is kept confidential within the organization. Good luck!

Submit your application to the AzDS office:

Arizona Disabled Sports
Attn: Giveaway
59 East Broadway Road
Mesa, AZ 85210
Fax: 480-610-2257

Email: Nina@ArizonaDisabledSports.com



Actual photograph of the giveaway.

Electronic Chair GIVEAWAY Application

Invacare Pronto M51 with SureStep

Deadline: Monday, July 3rd, 2017 at 9:00am

Name _____

Date of Birth _____ Email address _____

Home address _____

City _____ State _____ Zip _____ Primary phone _____

If under the age of 18:

Parent/guardian name _____ Primary phone _____

1) Disability

Amputation

Cerebral Palsy

Dwarfism

Muscular Dystrophy

Spina Bifida

Spinal Cord Injury

Traumatic Brain Injury

Visual Impairment

Other

If other, please specify _____

2) Place of employment (if under the age of 18, parent/guardian place of employment)

Name of Supervisor _____ Contact Number _____

3) Do you currently receive public assistance income (social security, disability compensation, etc.)?

Yes No

If yes, please specify _____

4) Monthly household income _____

(Please include all household, job-related and public assistance income. This includes the income of anyone living in the same house.)

5) Select the option that best describes your current living environment

_____ Living with parents

_____ Living independent / alone

_____ Living with spouse

_____ Living temporarily in a group facility

_____ Living permanently in a group facility

_____ Other (please describe): _____

6) Dollar amount of monthly bills (utilities, rent/mortgage, meals, medical, etc.)

7) Are you a current athlete of AzDS? Yes No

If yes, what programs? _____

For how many years? _____

8) Please describe what your day-to-day mobility looks like and what challenges do you currently encounter?
200 words minimum. Please use additional paper if necessary.

9) Please describe how you believe the Invacare Pronto M51 chair will benefit you and your quality of life.
200 words minimum. Please use additional paper if necessary.

10) Please provide additional information that AzDS should consider when reviewing your application.

Applicant or Parent/Guardian signature

Today's Date

It is the policy of Arizona Disabled Sports to maintain a nondiscriminatory application process. Arizona Disabled Sports does not award assistance based upon age, sex, race, color, religion, national origin, disability, sexual orientation, marital status or veteran status.