

Lift with Purpose  
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Lift with Purpose Grant Application

Please complete the following application and return via email or postal service. **Grants are subject to the availability of funds.**

**Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of your disability: \_\_\_\_\_

Are you currently receiving any sort of physical therapy or personal training to regain or maintain mobility? (Circle one)                      Yes                      No

If yes where are you receiving treatment? \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of personal trainer or physical therapist: \_\_\_\_\_

Are you and or your obtaining these services through insurance or direct pay: (Circle one)

Insurance                      Direct Pay

