

Quality of LIFE Award Application

Name: _____

Address: _____

Phone: _____

Email _____

Current member of IFOPA? (did you pay your dues this year?) _____

Item you want to buy with a LIFE Award: _____

Vendor providing the item, including contact information: _____

Total Cost: _____

Amount of LIFE Award you are requesting: _____

How much money have you collected towards this item? _____

How did you collect it? (saving, working, fundraising, donations?) _____

Where else have you tried to get money to buy this item? (Health insurance, School, Dept of

Vocational Rehabilitation?) _____

How will receiving a LIFE Award improve your quality of life or independence? _____

Mail LIFE Award application to: IFOPA, LIFE Award, P.O. Box 196217, Winter Springs, FL 32719,
USA.