

SOAR Fund Application

Name_____ DOB_____ Age_____

(If under 18) Name of Responsible Party_____

Address_____ Zip_____

Phone_____ Email_____ Alt Phone_____

Medical Diagnosis/Condition_____ Date of Injury_____

*Please answer the following questions to your best ability and provide the appropriate information necessary for Neuroworx to make funding decisions. Financial information is held strictly confidential and will not be shared with any other person(s) or organizations(s). Please answer the following questions for yourself or for parent/guardian if applicant is under 18. **This form will not be part of your medical record.***

Your Occupation_____ Currently Employed?_____

Number of Children_____ Ages of Children_____

Marital Status_____ Is your spouse employed?_____ Occupation_____

Family income for the last 12 months_____

Medical Expenses not covered by insurance for the last 12 months_____

Additional Financial Burdens_____

Are you able to contribute to the cost of your equipment?_____ If yes, how much?_____

Have you received any other grants for this equipment?_____ If yes, how much?_____

Equipment/Experience information

Type of equipment, or experience that you are seeking support for:_____

How much is the intended cost?_____ How much of a grant are you seeking?_____

Will you be applying for grants from other organizations for the same

equipment?_____

If yes, which organization(s)?_____ Amount requested?_____

Please answer the following questions so we at Neuroworx can better understand why receiving this equipment is important to you and how it would impact your life.

Tell us about yourself (your hobbies, interest, etc).

What is your experience in adaptive sports or recreational activities? Please include which organizations you have worked with, and names of staff members who are most familiar with your experience there.

How has adaptive sports or recreational activities positively impacted your life?

How will this piece of equipment or experience impact your life?

If applying for an equipment grant, please include 1-3 references who can attest to your use of this equipment/experience with adaptive recreation (Name and email or phone # required):

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Name: _____ Contact: _____

SOAR Fund Applications are accepted on a rolling basis, but reviewed by the committee on the first of each month. Decisions will be released to applicants by the 15th of each month.

Grants will be awarded up to \$1,500 based on need and financial eligibility.

Grants for equipment will be paid to the equipment vendor. Grants for travel/events/teams will be provided as reimbursement within 30 days of a travel or event-related expense with receipt of purchase required.

By signing below I certify that all information above is correct. I also grant permission to the SOAR Fund committee to contact references as applicable.

Signature of applicant or guardian

Date