New Adventures FOUNDATION

CHILD PROGRAM & EVENT ASSISTANCE APPLICATION

Empowering children with physical limitations to explore a world of possibilities.

www.NewAdventuresFoundation.org | info@NewAdventuresFoundation.org | 3213 W. Main St. #133 Rapid City, SD 57702

OUR MISSION

The New Adventures Foundation is dedicated to empowering children with physical limitations to explore a world of *possibilities.*

We believe every child deserves the chance to learn, grow, and thrive.

We provide financial assistance for programs and experiences that build confidence, independence, and joy.

We support families and communities in creating inclusive opportunities for every child.

Together, we empower children to achieve, discover, and dream without limits.

APPLICATION CHECKLIST

To help us review your request as quickly as possible, please include the following items with your completed application.

COMPLETE ALL SECTIONS:

- [x] 1. Program / Event Information
- [x] 2. Child Information
- [x] 3. Family Information
- [x] 4. Financial Assistance Request
- [x] 5. Tell Us About Your Child
- [x] 6. Additional Information
- [x] 7. Share Your Story
- [x] 8. Photo / Story Release
- [x] 9. Parent / Guardian Certification

REQUIRED DOCUMENTS

- ✓ Program brochure, flyer, or registration information describing the program or event.
- ✓ Registration cost information (invoice, registration form, website printout, or other documentation showing the cost of participation).
- ✓ Additional information supporting your request (optional), such as a letter from the program organizer, therapist, teacher, coach, physician, or any other information you believe will help us better understand your child's opportunity and financial need.

NEED HELP?

If you have questions or need assistance completing your application, please contact us. We are here to help!

PLEASE NOTE:

Applications will not be considered complete until all required documentation has been received. If additional information is needed during the review process, a Foundation representative will contact you.

THANK YOU!

Your application helps us open doors to new adventures, meaningful experiences, and brighter futures for children with physical limitations.

We can't wait to be part of your journey!

Every *Child.* Every *Adventure.* Every *Achievement.*

1. PARENT / GUARDIAN INFORMATION

Please provide the primary contact information for the parent or legal guardian applying on behalf of the child.

Parent/Guardian Name

Relationship to Child

Street Address

Apt / Suite / Unit (if applicable)

City

State

ZIP Code

Primary Phone

Secondary Phone

Email Address

PREFERRED METHOD OF CONTACT

(Please check all that apply)

☐ Phone ☐ Text ☐ Email

NOTE: We will use your preferred method(s) to communicate regarding your application.

2. CHILD INFORMATION

Please provide information about the child who will benefit from the program or event.

Child's Full Name

Date of Birth

Age

School (if applicable)

Does your child use adaptive equipment?

☐ Yes ☐ No

If yes, please describe the adaptive equipment used.

Please describe your child's physical limitation(s).

CONFIDENTIALITY ASSURANCE

All information provided in this application is kept strictly confidential and is used solely to evaluate requests for financial assistance.

PLEASE INCLUDE (IF APPLICABLE):

- ✓ IEP or 504 Plan
- ✓ Therapy or Physician Documentation
- ✓ Adaptive Equipment Information
- ✓ Other Relevant Documents

3. PROGRAM / EVENT INFORMATION

Please provide information about the program or event for which you are requesting financial assistance.

Name of Program / Event:

Organization Hosting the Program / Event:

Location:

Dates of Program / Event:

Brief Description of the Program / Event:

Please include details about what the program or event is, what activities are involved, and who will be participating.

PURPOSE

Our goal is to help children with physical limitations participate in enriching programs and experiences that build confidence, create memories, and open doors to new possibilities.

EXAMPLES OF ELIGIBLE PROGRAMS / EVENTS

- Adaptive Sports & Recreation
- Camps & Outdoor Adventures
- Equine Therapy & Activities
- Enrichment Programs
- Educational Opportunities

4. FINANCIAL ASSISTANCE REQUEST

Please provide details about the financial assistance you are requesting.

Total Cost of Program / Event:

$

Amount of Financial Assistance Requested:

$

What specific costs will the assistance help cover? (Examples: registration fee, equipment, travel, lodging, meals, etc.)

How will participating in this program or event benefit your child? (Please be as specific as possible.)

HELP US UNDERSTAND YOUR NEED

Funds are limited, and we strive to help as many children as possible. Please share why financial assistance is necessary for your child to participate in this program or event.

TIP: The more information you provide, the better we can understand your request and its impact on your child.

5. FAMILY INFORMATION

Help us understand your family so we can better evaluate your request.

Total Number of People in Household

Number of Children in Household

Annual Household Income (before taxes)

$

Source of Income (check all that apply)

- ☐ Employment
- ☐ Self-Employment
- ☐ Disability
- ☐ Public Assistance
- ☐ Child Support
- ☐ Other

Please list any dependents in the household (name, age, relationship):

YOUR INFORMATION IS IMPORTANT

This information helps us ensure that our resources are directed to families with the greatest need.
All information is kept confidential.

6. TELL US ABOUT YOUR CHILD

We want to get to know your child and understand what makes them special.

What are your child's interests, hobbies, and talents?

What does your child enjoy most about the program or event?

How has your child shown growth, determination, or achievement in the past?

7. ADDITIONAL INFORMATION

Use this space to share any additional information you feel is important for us to know as we review your application.

REMINDER

Please be sure all required documents are included with your application.
Incomplete applications may delay the review process.

THANK YOU!

Thank you for allowing us to be part of your child's journey!
We are honored to consider your request.

Every Child. Every Adventure. Every Achievement.

8. SHARE YOUR STORY

We believe every child has a unique story. Please share how this opportunity could make a lasting difference in your child's life.

Tell us your story...

YOUR STORY MATTERS

Your words help us understand the impact this program or event will have on your child and your family.

Thank you for trusting us with your story.

9. PHOTO / STORY RELEASE

We love celebrating our participants and sharing their achievements to inspire others. Please let us know your preference.

RESPECTING YOUR PRIVACY

We will never share personal information without your permission. You can change your preference at any time.

I give permission for The New Adventures, Journeys, and Achievements Foundation to use my child's name, photo, and/or story (as written in this application) in promotional materials, including but not limited to:

Website | Social Media | Newsletters | Presentations | Other Printed Materials

- ☐ **Yes, I give permission.**
  You may use my child's photo, name, and story as described above.
- ☐ **Yes, I give permission (with limitations).**
  Please contact me to discuss any limitations.
- ☐ **No, I do not give permission.**
  Please do not use my child's photo, name, or story.

10. PARENT / GUARDIAN CERTIFICATION

I certify that all information provided in this application is true and complete to the best of my knowledge.
I understand that providing false information may result in disqualification from consideration.
I also understand that submission of this application does not guarantee financial assistance.

Parent / Guardian Printed Name	Parent / Guardian Signature	Date
	SIGN	

THANK YOU FOR APPLYING!

Your application will be carefully reviewed by our team.
We will contact you if we need additional information.

We are honored to walk alongside your family.

Thank You

TOGETHER, WE EMPOWER CHILDREN TO EXPLORE
A World of Possibilities.

Thank You

EVERY CHILD DESERVES THE CHANCE TO DISCOVER THEIR POTENTIAL.

Thank you for taking the time to complete this application.

At **New Adventures Foundation**, we believe every child with physical limitations deserves the opportunity to experience new adventures, develop confidence, create lifelong friendships, and discover abilities they never knew they had.

Whether your child is selected to receive financial assistance or not, we are **honored** that you shared your family's story with us.

Every application represents a child with dreams, and every story reminds us why **our mission matters.**



WHAT HAPPENS NEXT?

APPLICATION RECEIVED
Your application and supporting documents will be reviewed.

APPLICATION REVIEW
Our review committee carefully evaluates each request.

FUNDING DECISION
Applicants will be contacted regarding funding decisions.

NEW ADVENTURE BEGINS!
We hope your child enjoys an incredible experience.

> "Sometimes all a child needs is someone to *believe they can.*"

Thank you for allowing New Adventures Foundation to be part of your child's journey.

QUESTIONS?

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SUPPORT MORE CHILDREN

Every donation helps provide life-changing opportunities for children with physical limitations.

Learn more or make a donation at:

www.NewAdventuresFoundation.org

SCAN TO DONATE

YOUR PRIVACY MATTERS

All information provided in this application is kept strictly confidential and used solely to evaluate requests for financial assistance.

Because of generous donors and community partners, every dollar contributed goes toward creating opportunities for children with physical limitations.

Thank you for believing that every child deserves the chance to explore a world of possibilities.

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