



Footsteps of WNY Adapt-ABLE Scholarship Application Form

Note: Footsteps of WNY funding is only available to individuals with a medical diagnosis of some form of Cerebral Palsy. Please review the guidelines carefully before submitting your application

Applicant Information

Full Name of Primary Contact/ Parent or Guardian (if under 18 years of age)

Relationship to Applicant:_____

Address:_____

City:_____ ZipCode:_____

Telephone:_____ Email:_____

Applicant /Participant Information

Full Name (who is the scholarship request for)

Date of Birth:_____ Diagnosis*_____

***Medical proof of diagnosis required: Attach documentation with submission**

Address:_____

City:_____ ZipCode:_____

Telephone:_____ Email_____



Adaptive Sport & Recreation Program Information

Specific Adaptive Sport Program or Camp Being Requested:

Estimated Cost of Equipment or Service: \$_____

(please attach program information that includes cost outline)

Has the applicant participated in the program previously? Yes___No___

If so, when (approximate dates are appreciated)_____

Financial Disclosure

Annual Gross Household Income including all sources. \$_____

Number of people currently being provided for on this combined income_____

W2 / SSI Statement/ or Tax Form Required. Attach Copy

Certification

I certify that the information provided in this application is true, correct and complete to the best of my knowledge.

By providing your signature below, as the applicant or applicant guardian, you are giving permission to Footsteps of WNY to process your application accordingly

Signature:_____ **Date:**_____

Relationship to Applicant:_____

Please ensure all information and supporting documentation are provided. If any information is missing, the application will be denied resulting in a delay in processing the request. A copy of the completed form should be kept for your files.

By awarding finances, Footsteps of WNY is making no recommendation as to the appropriateness or safety of any sport camp or program for each applicant. Each applicant and their guardian is strongly urged to consult with their physician prior to taking part in physical activity. Footsteps of WNY will only act as a third party payer for medically prescribed or medically necessary equipment or services.