



# David H. Clark Memorial Fund Application Form

**STRIDE, Inc. 4482 NY Highway 150, West Sand Lake, NY 12196**

Date of Application: \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Current STRIDE Application on file? \_\_\_Yes\_\_\_No

Address \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Name of parent/guardian \_\_\_\_\_

Address and phone number (if different from above) \_\_\_\_\_

For what is the child requesting an award? \_\_\_\_\_

What is the cost? (if known) \_\_\_\_\_

Name of school child attends; \_\_\_\_\_

---

Family/Guardian income level: (please check one)

Below \$20,000 \_\_\_\_\_ \$20,000-\$40,000 \_\_\_\_\_

\$40,000-\$60,000 \_\_\_\_\_ More than \$60,000 \_\_\_\_\_

Number of Dependents Living at Home \_\_\_\_\_

Additional Financial Information and References may be required.

Please describe why this child is deserving of a financial award from STRIDE?

(please use back of form or attach additional sheets, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_