



## David H. and Marissa G. Clark Memorial Scholarship Guidelines

Dear Applicant:

The Clark Memorial fund exists to offset any prohibitive costs that an applicant may incur to fully participate in any of STRIDE's programs that have fees associated with a program. The ski programs have lesson fees which are collected by the host mountains (*not STRIDE*); and the bike program has a \$200 fee associated to offset the I Can Shine corporate costs incurred by STRIDE. Additionally, STRIDE's \$25 administration fee can be waived through this scholarship for multi-day programs.

### **Eligibility**

To be eligible for award, the applicant must:

- Be between the ages of 4-21 at the beginning of the designated program.
- Be a registered participant in STRIDE programs.
- Have current personal and medical information on file with STRIDE.
- Demonstrate financial need.
- Complete entire memorial fund application in full. This includes reference contact information such as teacher, counselor or service coordinator.
- Submit one application per child.
- Submit application by posted deadline.
- If applicant cannot attend any scheduled lesson etc., that communication must be made to the provider with as much advance notice as possible prior to the lesson etc.
- If scheduled lessons are missed without notification or repeatedly, etc. future awards may not be approved.

### **Deadline**

Completed application must be postmarked or emailed between:

**October 1<sup>st</sup> – January 1<sup>st</sup>** for ski program

**February 1<sup>st</sup> - April 1<sup>st</sup>** for bike program

Applications will be evaluated by the *Clark Memorial Fund Committee*. Consideration for award will be based upon financial need, need for adaptive instruction/experience and availability of funds.

Applicants will be notified by email following the application deadline.

Questions? Contact the STRIDE office at 518.598.1279 or [cronan@stride.org](mailto:cronan@stride.org)



# David H. and Marissa G. Clark Memorial Scholarship Application Form

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

Please **PRINT**. Fill out all sections of application; one application per child. \*See Requirements

Name of Applicant \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_ Secondary Diagnosis \_\_\_\_\_

Address \_\_\_\_\_

Phone number ( ) \_\_\_\_\_ Current age/ Date of Birth \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

Current STRIDE Application \_\_Yes \_\_No Program(s) / when: \_\_\_\_\_

What program/location is applicant requesting an award? \_\_\_\_\_

What is the cost? \_\_\_\_\_

Name of school/ program applicant attends: \_\_\_\_\_

School address and phone number \_\_\_\_\_

Reference Name and phone number or email of teacher, counselor or service coordinator: \_\_\_\_\_

Total Household Financial information: (please check one)

Below \$20,000 \_\_\_ \$20,000-\$40,000\_\_\_ \$40,001-\$60,000\_\_\_ \$60,001-\$80,000\_\_\_

\$80,001-\$100,000\_\_\_ Number of Dependents Living at Home \_\_\_\_\_

Are other family members applying for this award? \_\_\_\_\_

*\*\* Note- Additional Financial Information and References may be required.*

In detail, why is this child deserving of a financial award from STRIDE?

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

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

Name of person completing this application (print): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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

Please send to: **STRIDE, Inc. 4482 NY Highway 150 , West Sand Lake, NY, 12196** Email; [cronan@stride.org](mailto:cronan@stride.org)