



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. Example: 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 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 only one application.
- Submit application by posted deadline. (*see below)
- 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 1st – January 1st for ski program

February 1st - April 1st for bike program

Prior to program commencement for any other 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 abrame@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 individual *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: _____

(if applicable)

School address and phone number _____

(if applicable)

Reference Name and phone number or email:

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 applicant 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: abrame@stride.org