



2020 Grant Application

- The Wheelchair Strong Foundation's 2018 grant period opens **January 1, 2020** and closes on **April 2, 2020**.
- Applications must be received by Wednesday, **April 1, 2020 by 5pm EST**.
- All recipients will be notified in May of 2020 by telephone, email, or mail. Grant checks will be mailed to each grant recipient in June of 2020.
- A total of 10 individuals will be awarded a grant of up to \$1,000. Only one proposal may be submitted per each grant period.

About the Wheelchair Strong Foundation

The Wheelchair Strong Foundation is dedicated to raising money and awareness for Duchenne Muscular Dystrophy through laughter and entertainment. Our goal is to fund specific research programs and to help families, not specific to Duchenne Muscular Dystrophy, with our grant programs that will assist with out of pocket medical expenses and adaptive sports programs. We always promise to be unique to others with our fundraising efforts, because we strive to give back to you both a smile and laugh along with a heartfelt thank you for your love and donations.

What the Wheelchair Strong Foundation funds:

- Adaptive Sports: For travel, lodging or specific equipment expenses associated with adaptive sports.
- Medical equipment or medical expenses not covered by insurance.
- Funeral Expenses: Helping defer some cost associated with the loss of a child / loved one with a terminal disease.
- Adaptive Vehicle: All costs associated. Please see examples below.
 - A van lift or tie-down systems
 - Van Adaptations
 - Contribute toward the replacement costs of any equipment

Eligibility and Criteria

- Age: Up to and including age 21
- Recipients must be residents of the United States
- Evidence of financial and medical need must be documented.
- The tax returns for the last two years and the doctor's letter are required.

How do I Apply?

- You must use the Grant Proposal Sheet (pgs.3-4), as well as all needed criteria to apply.



- Applications must be received at the mailing address noted below by Monday, **April 1, 2020 by 5pm EST.**
- Emailed and faxed applications will not be accepted.
- Late applications will not be accepted.

Mail applications to:

Wheelchair Strong Foundation
37 Belmont Street, 1st Floor
Brockton, MA 02301

Grant Proposal



Please provide us with the following information, attach additional sheets if a further explanation is necessary or is requested.

1. CHILD'S NAME: _____

2. CHILD'S DATE OF BIRTH: _____

3. CHILD'S ADDRESS: _____

4. PARENTS' NAME(S): _____

5. PARENTS' ADDRESS: _____

6. PARENTS' EMAIL ADDRESS: _____

7. PARENTS' PHONE NUMBER: _____

8. PARENTS' OCCUCPATION(S): _____

9. PARENTS' ANNUAL INCOME: _____

10. AMOUNT REQUESTED: \$ _____

11. PURPOSE OF REQUEST: Why are funds needed? How will the funds be used? (Attach additional pages if necessary.)

12. MEDICAL CERTIFICATE:

Attach a letter from a doctor or nurse indicating the child's age and need for the equipment requested.

13. COST PROJECTIONS:



Please attach two (2) signed estimates from contractors, physicians or suppliers of services or products stating the approximate cost of the item(s) or services requested.