



Shepherd Center's mission is to help people with a temporary or permanent disability caused by injury or disease, rebuild their lives with hope, independence and dignity, advocating for full inclusion in all aspects of community life while promoting safety and injury prevention.

What is the Financial Assistance Program for the ProMotion Fitness Center?

- The Financial Assistance Program was developed to support individuals who otherwise could not access ProMotion’s wellness facility.

Who is eligible to apply?

- Any individual who has a disability and demonstrates the need for financial assistance.

Is there a limit to the amount of assistance provided?

Financial assistance is limited to individuals who demonstrate financial hardship, is dispersed in six-month increments, and is subject to available funds. In order to receive subsequent awards, the member will need to reapply each year, and must consistently utilize the facilities two to three times a week. If the individual does not meet the minimum requirements of membership utilization, the award will terminate at the end of the six-month session and will not be renewed.

Awards are as follows:

- Maximum six month award: \$180.00

How do you apply for assistance?

All requests for financial assistance must be submitted to the Recreation Therapy Program Coordinator at Sabrina.Harrison@Shepherd.org. Completed applications for financial assistance will be reviewed by the committee and funding will be granted within the established guidelines. All requested application materials must be received by the application deadline to be considered for funding.

Requirements:

1. The front page of your federal income tax form (1040 form) from this past year.
 - a. If the participant is under 18 years of age, a copy of the legal guardian’s 1040 form is required.
2. Please describe in detail the need(s) so that we may better understand how this financial assistance is directly related to a disability, and how it will impact your life.

Application Deadline	Communicate Decisions/Grant Awarded	Review Period
The 15 th of each month	The 28 th of each month	The 25 th of each month



2018 ProMotion Fitness Center Financial Assistance Form

Please complete all information					
Last Name:		First Name:		MI:	
Address:			City:	State:	Zip Code:
Telephone:		Alternate Phone:	Email Address:		
Check all appropriate areas					
Financial assistance requested for:	<input type="checkbox"/> Yourself				
Your employment status	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Unemployed		
Employment status of spouse or significant other	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Unemployed		
Do you have a relative employed at Shepherd Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Please describe in detail the need(s) so that we may better understand how this financial assistance is directly related to a disability, and how it will impact your life (must be completed for consideration):					
In order for us to assist as many individuals as possible, any amount of money you can pay towards your costs will be helpful (no amount is too small).					
Amount able to pay: \$ _____			Amount of assistance requesting: \$ _____		