Motion Project Foundation, Inc.

Scott R. Bieler Family Foundation "Hope in Motion" Scholarship Fund Application

The Scott R. Bieler Family Foundation "Hope in Motion" Scholarship Fund provides financial assistance for one-on-one recovery sessions to individuals with spinal cord injuries or paralysis. This scholarship ensures access to high-quality recovery services for those with limited financial means.

Eligibility Rules & Regulations

- Must reside in Western New York or within the Foundation's service area.
- Must have a medically documented spinal cord injury, paralysis, or neurological condition.
- Must demonstrate financial need.
- Recipients must attend scheduled sessions and participate in evaluations. Repeated missed sessions could be cause for termination of scholarship.
- Funds are applied directly to Motion Project Foundation services (not cash awards).

Application Requirements

- Completed Application Form
- Medical Verification Letter (from physician, PT, or rehab specialist)
- Financial Documentation (tax return, pay stubs, SSI/SSDI statement, etc.)
- Personal Statement (impact and goals)
- Letter of Support (optional but encouraged)

Attendance and participation requirement

The Grantee is required to attend and actively participate in all scheduled training sessions at Motion Project. Consistent and timely attendance is a material condition of this grant award. Motion Project reserves the right to monitor the Grantee's attendance record throughout the grant period. A 'missed session' is defined as any scheduled session that the Grantee fails to attend.

Missed Session Policy

Excused Absences: Motion Project is given at least 24 hours' notice in advance by calling the office or emailing info@motionprojectny.org and the reason for the absence is documented and approved. Examples of potentially excused absence may include documented medical emergencies, family emergencies, or other extenuating circumstances as determined at the sole discretion of Motion Project.

Unexcused Absences: Any absence that does not meet the criteria for an excused absence is considered unexcused. This includes, but is not limited to, a 'no-call, no-show' or late cancellation without a valid, pre-approved reason.

Three or more missed sessions could terminate the scholarship.

No phone calls or emails please, we will contact all applicants directly regarding the status of their application within 60 days of receipt.

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Applicant Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Household Size (dependents included): _____

Employment Status: _____

Injury Information

Date of Injury: _____

Cause of Injury (e.g., accident, illness, medical condition): _____

Type/Level of Injury (if known): _____

Current Medical/Functional Status (brief summary):

_____

_____

Emergency Contact Name: _____ Phone: _____

Current Therapies or Services Being Received: _____

Goals for Recovery: _____

Financial Information

Monthly Household Income: _____

Other Sources of Income: _____

Adjusted Gross Income (from tax return): _____

Monthly Household Expenses: _____

Out-of-Pocket Medical Expenses: _____

Do you have health insurance? ☐ Yes ☐ No

If yes, what percentage of therapy is covered? _____

Have you applied for other assistance programs? ☐ Yes ☐ No

If so, where did you apply and what assistance have your received?:_____
_____

Impact Statement

In 300–500 words, describe how this scholarship will impact your health, independence, and quality of life. Explain what you would be unable to achieve without this support.

Agreement & Signature

I certify that the information provided in this application is true and complete. I understand that any false information may disqualify me from receiving scholarship funds.

Signature: ___________________________ Date: ____________