



Scholarship Application Form



Scott R. Bieler Family Foundation 'Hope in Motion' Scholarship

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.

**Empowering recovery!
Restoring hope!**

1. Applicant Information – please print clearly

- Full Name: _____
 - Date of Birth: _____
 - Address: _____
 - Phone: _____
 - Email: _____
 - Emergency Contact Name & Phone: _____
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2. Diagnosis

- Primary neurological condition: _____
 - Date of injury/onset: _____
 - Treating therapist/facility: _____
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3. Household Information

- Household Size: _____
 - Annual Household Gross Income: \$ _____
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4. Financial Documentation (attach copies)

- Most recent federal tax return (Form 1040)
 - Two most recent pay stubs for all employed household members
 - Disability/SSI/SSDI award letter, if applicable
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5. Personal Statement

Please describe your financial need and how this scholarship will help you achieve your therapy goals.

(Attach additional page if needed)



6. Consent and Acknowledgement

- I attest that the information provided is accurate to the best of my knowledge.
 - I consent to The Motion Project Foundation contacting my therapy provider for treatment verification.
 - (Optional) I consent to sharing non-identifiable updates or testimonials to show program impact.
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Signature: _____
Date: _____

Submit completed application to:

Motion Project Foundation Inc.

4820 Genesee Street

Cheektowaga, NY 14225

 info@motionprojectny.org |  716-668-4SCI (4724)

www.motionprojectny.org | [@motionprojectny](https://www.instagram.com/motionprojectny)

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

