



Dear Friend:

The Sam Schmidt Paralysis Foundation is pleased that you have contacted our organization to apply for a grant from our R.A.P. (Recovery Assistance Program).

Enclosed is the application form. Please fill out the form as thoroughly and complete as possible. On the essay portion, indicate how you will benefit from the item or service you are requesting. When applicable, include estimates and specifications for your request.

It is the intent of the RAP review committee to process applications in a timely manner. Keep in mind that some requests may be more involved and may require more evaluation time than other. A member of the RAP committee will contact you for follow up and clarification when necessary.

The committee will evaluate your request based on need, legitimacy and availability of funding sources. When the evaluation is complete, a recommendation will be made to the Board of Directors for a final vote.

Please return the completed application to:

The Sam Schmidt Paralysis Foundation
411 Dorman Street
Indianapolis, IN 46202
Fax – 317-236-9999

Thank you for your interest in The Sam Schmidt Paralysis Foundation.

Sincerely,

A handwritten signature in black ink that reads "Sam Schmidt". The signature is stylized and cursive.

Sam Schmidt



RAP

Recovery Assistance Program

RAP is an awards program developed by The Sam Schmidt Paralysis Foundation to answer unmet needs. RAP fills the gap after insurance, family assistance, and government resources have been exhausted.

Past awards have helped individuals with spinal cord injuries obtain items such as rehabilitation therapy, beds, wheelchairs, ramps and other various items necessary to rebuild their lives and reintegrate with the community.

Mission Statement

The mission of the Sam Schmidt Foundation is to help individuals overcome spinal cord injuries and other debilitating illnesses by facilitating scientific research, medical treatment, rehabilitation and technology advances. The Foundation raises funds to improve quality of life and ensure best possible outcomes by touching individual lives.

General Information

Applicants must meet the following criteria to be evaluated for an award, unless otherwise specified.

- Have a spinal cord injury.
- Request must be legitimate and within reason.
- All other funding options have been exhausted.

Application

- Forms must be complete when submitted.
- Essays should describe item requested, purpose for the item and how the item will benefit the applicant in their home or work environment.
- Estimates and/or vendors for products should be included when applicable.

Process

- The RAP Committee will evaluate each request and explore all options.
- A committee member will make a follow up phone call to gather further information.
- Committee will make a recommendation, to the Board of Directors for a final vote.
- If funds permit, an award may be granted.

For questions or clarification call 317-236-9999.



APPLICATION FOR FINANCIAL ASSISTANCE

DATE: _____

APPLICANT: _____

ADDRESS: _____

HOME PHONE: _____ WORK: _____

OTHER: _____

DIAGNOSIS: _____

DATE AND CAUSE OF DISABILITY: _____

REFERRED BY: _____

PERSONAL REFERENCES (2): _____

MOST RECENT EMPLOYER: _____

ADDRESS: _____ PHONE: _____

LENGTH OF TIME EMPLOYED: _____ POSITION: _____

INSURANCE: _____

YEARLY INCOME:

STATE DISABILITY \$ _____

SOCIAL SECURITY DISABILITY INCOME \$ _____

STATE SUPPLEMENTAL INCOME \$ _____

OTHER INCOME \$ _____

TOTAL \$ _____

YEARLY EXPENSES:

MORTGAGE/RENT \$ _____

UTILITIES \$ _____

CAR PAYMENTS/INSURANCE \$ _____

OTHER PAYMENTS \$ _____

TOTAL \$ _____



The applicant requests (please identify and describe the service or item and why its requested)

Signature of Applicant: _____

Date: _____