

Purpose

The Adaptive Defense Participant Assistance Grant helps individuals with disabilities attend Adaptive Defense events by providing financial assistance for approved event-related expenses. Submission of an application does not guarantee funding.

Applicant Information

Full Name:

Date of Birth:

Address:

City/State/ZIP:

Phone Number:

Email Address:

Emergency Contact Name:

Emergency Contact Phone:

Disability Information

Primary Disability/Injury:

Method of injury or cause of disability:

Mobility equipment or assistive devices:

Wheelchair Walker Cane Prosthetic Service Dog Other:

Please describe any accommodations you may require:

Event Participation Information

Have you attended an Adaptive Defense event before? Yes No

If yes, which event(s)?

How did you hear about Adaptive Defense?

What do you hope to gain from attending this event?

Personal statement - please tell us why attending this event is important to you:

Travel and Accommodation Information

City and State of Departure:

Will you require lodging assistance? Yes No

Will you require transportation assistance? Yes No

Will a caregiver or assistant accompany you? Yes No

If a caregiver or assistant will accompany you, please explain:

Participant Assistance Grant Request

Please indicate the type(s) of assistance you are requesting:

Travel Assistance

- Airfare
- Fuel reimbursement
- Ground transportation
- Accessible transportation

Lodging Assistance

- Hotel accommodations
- Accessible room accommodations

Registration Assistance

- Event registration fee

Equipment or Accessibility Needs

- Adaptive equipment
- Accessibility accommodations
- Other assistance requested:

Additional details about the assistance requested:

Financial Need Statement

Please briefly explain your financial need and how this grant would help you attend the event:

Volunteer Interest (Optional)

Would you be interested in volunteering at future Adaptive Defense events?

Yes

No

Maybe

If yes, please describe any skills or experience you would like to contribute:

Media Release

Adaptive Defense may take photographs and video during the event for educational, promotional, and fundraising purposes.

I authorize Adaptive Defense to use photographs or video of me for these purposes:

Yes

No

Certification and Signature

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that grant funding is limited and awards are not guaranteed.

Applicant Signature:

Date:

If applicant is under 18 years of age:

Parent/Guardian Signature:

Date:

Submission Information

After completing this application, please submit it through the website grant application button or email it to Adaptive Defense. Keep a copy for your records.

Internal Use Only

Date Received:

Reviewed By:

Decision/Notes: