



**STEVENS-HAMILTON
DISABLED RUNNER FUND**

APPLICATION FOR FINANCIAL ASSISTANCE

NAME: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **E-MAIL** _____

PLEASE CHECK ONE OF THE FOLLOWING THAT APPLIES TO YOU:

- I am a Calumet Region Strider and/or immediate family member
 I am affiliated with a running club other than CRS

THE PURPOSE OF THIS FUND IS TO ASSIST PRESENT OR FUTURE DISABLED ATHLETES. PLEASE DESCRIBE YOUR INDIVIDUAL CIRCUMSTANCES THAT MAY QUALIFY YOU FOR ASSISTANCE FROM THIS FUND:

ASSISTANCE REQUESTED:

DATE: _____ **APPLICANT:** _____

**Please attach any documentation in support of your request, and submit to:
Calumet Region Striders, P.O. Box 225, Griffith, IN 46319**