



655 Fox Run Rd. Suite B • Findlay, Ohio 45840 • 419.348.5985 • info@PiercesCrew.org
Pierce's Crew Foundation Scholarships

Who Can Receive Assistance?

- Families who live in Hancock County and surrounding counties (Wood, Allen, Putnam, Wyandot, Seneca, Sandusky and Henry Counties).
- Any individual with a diagnosed disability, there is no age limit. The child or individual must be diagnosed as having a physical, mental or emotional disability.

What Type of Assistance Do We Provide?

- Monetary Assistance to offset the cost of therapy and programs.
- Activities which might be awarded assistance include: Art Therapy, Music Therapy, Water Therapy, Horseback Riding, Social Groups, Ice Skating, Dance, and Occupational Therapy.
- Monetary Assistance is not intended for everyday medical expenses. This is designed for outside experiences to enrich the life of the individual.

How Much Assistance Do We Provide?

- Pierce's Crew will consider Scholarship award amounts based on merit, the number of applicants and the availability of funds. Currently, the limit per individual is \$600.00 per year.
- If a scholarship is awarded the money will be paid directly to the service provider or vendor/organization providing the program or therapy.

How Are Assistance Decisions Made?

- Pierce's Crew Foundation Scholarship Committee makes decisions based on the needs of each applicant.
- The Committee reviews a completed application and approves assistance on an as needed basis. Awards are contingent on funds available and number of applications per application period.

How Can I Receive An Application And When Is The Deadline?

- Log onto our website, PiercesCrew.org, to print out your application.
- Our application deadlines are as follows: **April 30, August 31 and December 31.**

How Will I Know If Assistance Has Been Awarded Or Not?

- We will send you a letter in the mail letting you know whether you will be awarded or denied.

Where Do I Return The Application When Completed?

- Please mail applications to: **Pierce's Crew Foundation
655 Fox Run Rd. Suite B
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Scholarship Checklist

In addition to the Pierce's Crew Foundation Application, the following documents must also be submitted. **An application will not be considered unless all the following documents are included.**

_____ A **completed** Pierce's Crew Foundation Application Form (pages 3-5).

_____ A copy of an IEP or letter from the applicant's licensed Clinician, Therapist or Doctor. The letter must include applicant's disability or diagnosis.

_____ Proof of Address. A copy of a household bill or the applicant's or parent's driver's license.

_____ Bill or estimated cost of requested therapy or program.



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Pierce's Crew Scholarship Application

APPLICANT INFORMATION

Applicant Name: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Date of Birth: _____ Sex: _____

PARENT, CAREGIVER OR GUARDIAN'S INFORMATION

Parent, Caregiver or Guardian's Name(s): _____

Relationship to Applicant: _____

Parent, Caregiver or Guardian's address if different from Applicant:

Street Address: _____

City: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email: _____

DIAGNOSIS AND ASSISTANCE REQUEST

Applicant's story and diagnosis:



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Therapy or program requested: _____

Name of the provider: _____

Address of provider: _____

City: _____ Zip: _____

Phone number: _____

Estimated cost of therapy or program: _____

Length of time: _____ Your estimated contribution: _____

Has the applicant participated in this therapy or program before? _____

If yes, how long? _____ Have you looked into assistance from the provider? _____

List any received funds/assistance from any other sources (Social Security, DD, BCMH, etc.)?

FUN INFORMATION

Please tell us about your child or individual (likes, accomplishments, etc.).

How will this request improve the child or individual's life?

How did you hear about Pierce's Crew Foundation?



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Pierce's Crew Application

If assistance is awarded, Pierce's Crew Foundation cannot guarantee appropriateness, or the safety of the service requested by the applicant. Pierce's Crew Foundation is not responsible for the safety or progress of the child or individual. Please consult your physician and/therapist regarding what is best for your child or the individual.

Pierce's Crew Foundation will not share your name or any information given on or with your application.

I hereby certify that all above information submitted and the statements I have made are true and agree that any false information, misrepresentation, or omission of facts may result in cancellation or immediate dismissal of my application.

I understand that any monetary assistance provided will go directly to provider of said therapy or program.

Please add me to the mailing list.

I am interested in volunteering! Please contact me.

Signature: _____

Date: _____