

# 12 & 24 Hours of Flathead Grant

## ELIGIBILITY

To receive the 12 & 24 Hours of Flathead grant, applicants must:

- Reside within the Flathead Valley. For these purposes, we are defining the Flathead Valley as anything in the boundaries of Eureka to Polson and Libby to East Glacier.
- Have a spinal cord injury or other injury that severely inhibits your mobility. Applicants may be asked to provide proof of this.
- Eligible equipment is any piece of sports or recreational equipment that helps you get active that is specifically designed to be used by individuals with a disability. Common pieces of granted equipment include: handcycles (road and offroad), monoskis (alpine and nordic), and sport chairs (tennis, basketball, rugby, racing, etc.).
- You may also use the grant money to fix or modify a piece of adaptive equipment that no longer works for you.
- If you receive the grant 12 & 24 Hours of Flathead will pay the adaptive equipment vendor or repair company directly, you will not receive a check. There will be more information about this in the grant award letter.

## HOW TO APPLY

Please complete the application below and submit a typed essay of 500 words or less detailing why you should be awarded the 12&24 Hours of Flathead grant. The essay should explain:

- A little bit about you?
- What equipment would use the grant money for?
- What is your favorite way to recreate in the Flathead Valley?
- What limitations you have faced in purchasing or fixing the equipment you are requesting through this grant?

\*Please do not include any personally identifying information in the essay portion.

All applications must be received by April 1, 2018.

## SELECTION PROCESS

The 12 & 24 Hours of Flathead Board will anonymously read and evaluate all complete applications.

**PLEASE SEND COMPLETED ESSAY TO: [info@24hoursofflathead.org](mailto:info@24hoursofflathead.org)**

## APPLICANT INFORMATION

**Name:** \_\_\_\_\_  
Last First Middle

**Birthdate:** \_\_\_\_\_  
MM/DD/YYYY

**Address:** \_\_\_\_\_  
Street Address Unit Number

\_\_\_\_\_  
City State Zip Code

**Phone Numbers:** \_\_\_\_\_  
Home Cell

**Email Address:** \_\_\_\_\_

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## ATTACHMENTS

Please attach essay

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## ACKNOWLEDGEMENT

I am submitting this application to be considered for the 2017 12&24 Hours of Flathead Grant

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_