



The Canadian Pediatric Stroke Support Association Therapy Bursary Application

After securing a generous financial donation, we are pleased to announce that the CPSSA is able to offer a Therapy Bursary to two CPSSA members. The CPSSA Therapy Bursary will be awarded to two CPSSA members who are under 18 years of age and who experienced a stroke as a newborn or child.

Applications must be submitted by July 7, 2017

- The Therapy Bursary will cover one weekly therapy session for a CPSSA member from the beginning of the school year (September 2017) to March Break (mid-March 2018). If the Applicant believes that a burst of therapy sessions would be more beneficial, please provide that information in the application.
- The approximate value of the Therapy Bursary is \$3,250 to cover all of the costs of the therapy sessions. However, the Therapy Bursary carries no cash value. Payment of the therapy session will be made directly with the therapist providing the therapy.
- Therapy Bursaries can be used to fund a wide range of available therapies, both traditional and alternative. Examples include: physical therapy, occupational therapy, speech language therapy, vision therapy, Feldenkraise, and electrical stimulation.
- Please note that the CPSSA will work with the Recipient's family to both locate and arrange the therapy sessions. However, preference is for the Recipient's family to identify an appropriate therapist.
- The two recipients of the Therapy Bursary will be selected by a committee of the CPSSA. Selections will consider intended therapy goals, access to publicly funded therapy, and financial need. Please ensure that we receive a completed application form.
- Recipients and their families will be notified no later than August 15, 2017.
- Please note, in order to illustrate the impact of this new Therapy Bursary, the Recipient, together with their family and therapist, must complete a "Goals and Objectives Questionnaire" at the beginning and a "Progress Update Report" upon completion of the Therapy Bursary.
- The CPSSA retains the right to withdraw the Bursary funds if one therapy session is missed without reasonable cause.

The Application Form and any accompanying documentation should be sent by email to llenz@cpssa.org.

General Information

Please print legibly to ensure the CPSSA can complete the review process

Name of

Applicant: _____

Name of

Parent/Guardian: _____

Date of Birth: _____

Day

Month

Year

Age at the time of the Stroke:

Type & Location

of Stroke:

iSchemic

Left

Hemorrhagic

Right

Comment: _____

Home Address: _____

Street Address

City

Province

Postal Code

Best Number: _____

E-mail: _____

Signature: _____

Applicant or person recommending Applicant

Date: _____

Please check the following skills that the Applicant has achieved:

Crawl

Walk

Speak

With their weak hand, manipulate an object the size of a deck of cards

With their weak hand, manipulate an object the size of a penny

Walk up stairs

Do you or your child need extra help with day-to-day activities compared to other children their age?

- Which activities?
- How much help?

Financial Need

Please check your family's current annual income:

Under \$30,000

Between \$30,000 and \$50,000

Between \$50,000 and \$100,000

Between \$100,000 and \$150,000

Over \$150,000

How many children are in your family? _____

Applicant's Therapy Goals

1. What therapies has the Applicant had to date?
2. Is the Applicant currently receiving therapy from a Children's Treatment Centre, Hospital, or community organization? If so, which facility and which types of therapy?
3. In your opinion, what type of therapy do you see as having the most significant impact for the Applicant?
4. Is the Applicant currently receiving or has previously received this therapy from a private therapist? If so, please provide the therapist's name and company name for matching purposes.
5. Would you prefer to have the therapy sessions conducted in the home or out of the home?
6. Please provide a detailed list of goals the Applicant hopes to achieve for the selected therapy.
7. Please share any additional information you would like to help us fully understand why you are applying for the Therapy Bursary.