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## APPLICATION FOR MOTION GRANTS

Miracle in Motion strives to help as many families of brain injured children as possible. In order to make the most of our available funds, we ask that you complete the application below and send it to us for review. We will contact you directly to go over any questions and to learn more about your child and your family. In order to make sure funds are used appropriately, Miracle in Motion sends grants directly to the businesses, facilities or specialists that will provide the services or products you are requesting for your child.

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### **PERSONAL INFORMATION**

**DATE OF APPLICATION:** \_\_\_\_\_

**Child's Name:**

.....  
First

.....  
Last

**Age:**

**Date of Birth:**

**Address:**

.....  
Street

.....  
(Apt)

.....  
City, State

.....  
Zip

**Child's Diagnosis:**

**Parent / Guardian:**

.....  
First

.....  
Last

**Contact Information:**

.....  
Home Telephone

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Mobile

.....  
Email

***How did you learn about Miracle In Motion?***

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**Tell us about your child and your family:**

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**How Can Miracle In Motion Help Your Child and Your Family?**

- Home Modification
- Automobile Modification
- Purchase Specialized Equipment
- Scholarship fund for Alternative Therapies
- Other (please specify below)

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**Please provide specifics on how the gift/grant from Miracle in Motion will be used. Include therapy providers and/or companies whose services or products will aid in your child's development and progress. If possible, please provide a contact person and estimated cost.**

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***Please send completed application to:***

Miracle in Motion  
Attention: Michele Stankunas  
PO Box 26332  
Collegeville, PA 19426

If you have any questions, please email: [Michele@miracleinmotion.org](mailto:Michele@miracleinmotion.org)