



**BOB STEVENS  
DISABLED RUNNERS 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**