Faculty of Science Ivor Wynne Centre 1280 Main Street West Hamilton, Ontario | L8S 4L8 Phone: 905.525.9140 x 27223 Fax: 905.525.7629

Web: pace.mcmaster.ca



## McMaster PACE IMPACT Project

Improved Mobility & Physical Activity using Creative Technology

Dear Participants of MacWheelers, MacMS-FITT, and MacWarriors programs,

We are excited to announce that McMaster PACE has received renewed funding from one of our partners whose mission aims to improve the lives of people in the community. These funds will be directed in line with the organization's goals by facilitating access to PACE's exercise rehabilitation technology (Lokomat or Zero G). The funding will be allocated to candidates who would benefit physiologically and psychologically from these exercise modalities and are currently limited by financial constraints and the cost of these services.

If you are interested in applying to be considered for participation in the McMaster PACE IMPACT Project, we kindly ask that you complete the form below. Please note that all applications and details disclosed are on a voluntary basis and will be kept confidential.

To be eligible for financial support from the IMPACT program you <u>must</u> complete this form and provide the required supplementary documentation no later than **Thursday**, **June 13th at 3:00pm**.

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Full Name:			Application Date:				
Address:			City:				
Province:	:		Postal Code:				
Are you a full-time student?		Υ Yes / Υ No	If yes, where?				
Are you married?		Υ Yes / Υ No	Total number of dependents				
List names and ages of all persons in the household.							
List harnes and ages of an persons in the household.							
Your household includes all the dependents you claim on your federal income tax return.							
Name		Age	Name		Age		
1.			4.				
2.			5.				
3.			6.				

Briefly, what is your reason for applying for Financial Assistance? (please do not exceed allotted space)	1
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How does your exercise program at PACE benefit you? (please do not exceed allotted space)					
What aspect(s) of your experience at I program? (please do not exceed allotted	PACE would be enhanced by participation in the IMPACT space)				
Is there a specific task or goal you hop program? (please do not exceed allotted	e to achieve through your exercise rehabilitation space)				
Please include the supporting docum	nentation below with your application:				
• Copy of your 2023 Notice of As	sessment from Canada Revenue Agency.				
• • •	be reviewed and returned to you in a timely manner as d of this information. Applications will only be processed submitted.				
of this application, and they will use be verify that all the information submit	cMaster PACE with personal information for the purpose est practices to ensure confidentiality of this information. Ited is correct, complete, and accurate to the best of my ting false or inaccurate information may result in the rough the IMPACT Project.				
Applicant Signature:	Date:				

\*\*\*\*\* Application Deadline: Thursday, June 13th, 2024 \*\*\*\*\*