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### **Our Mission**

To teach children with physical disabilities to become as independent as possible. Recognizing that the brain has an amazing ability to relearn after injury and damage has occurred, we will provide Feldenkrais therapy to children with gross motor disabilities (such as cerebral palsy). This therapy can learn assist these children to change their outlook and approach to learning physical movement.

### **Our Program**

Lessons with a certified Feldenkrais practitioner will be offered two afternoons per week. The Feldenkrais practitioner uses gentle touch and movement to help bring spastic musculature to more effective, coordinated functioning, so that the child can pleurably experience capability and repeatability of movement, however small this may be.

The Feldenkrais Method offers simple, gentle, and effective ways to facilitate developmental progress, increase dexterity and coordination, enhance balance and posture, and to improve functional activities such as sitting, standing and walking. It is gentle and non-invasive, and works to support and expand existing capabilities without pain or resistance.

### **Purpose of Scholarship**

To provide financial assistance to children who have a diagnosis of a gross motor disability such as cerebral palsy to enable them to participate in our program.

### **Criteria for Awarding Scholarships**

- The child must be between the ages of 1-18 years old.
- The child must have a diagnosis of a gross motor disability such as Cerebral Palsy.
- The family must provide minimum 2 tax returns and personal financial statement
- The scholarship application would require an interview with the committee.
- The awarding of scholarships will be based on financial need and the amount of funds available at the time of application.
- The Scholarship Fund Committee will review the application and make a decision in conjunction with the review of financials by the accountant.

Regular attendance is important to realize maximum benefits from these lessons. Repeated absences may result in the withdrawal of the scholarship.

**APPLICATION FOR FINANCIAL ASSISTANCE FOR FELDENKRAIS THERAPY PROGRAM**

1. **Child's Name:** **Child's Date of Birth:**
2. **Mother's name:**
3. **Father's name:**
4. **Address:**
5. **Home Phone number:** **Work Phone Number:**
6. **Email address:**
7. **Please list child's disability(ies)**
8. **Current School:**
9. **Current therapies child is receiving:**
10. **Has the child ever had Feldenkrais therapy?**
11. **Why would you like your child to receive therapy?**
12. **Are you willing to follow through on the advice of the Feldenkrais Practitioner?**
13. **Tell us about your family:**
14. **No. of family members** **No. of Children**
15. **Are there any extenuating circumstances we should know about?**
16. **Would you have any objections to providing a picture, thank you letter, and update to your donor or donors once a year?**

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Your application will be reviewed and your child's name will be put on a waiting list in order of how the applications were received. When funds become available and your child's name comes up on the list, you will be notified for an interview with the committee.

*All information submitted is kept strictly confidential, and is reviewed only by the scholarship committee. Proof of diagnosis, as well as a list of medications child is taking, must be provided upon acceptance.*

Please mail your completed application in an envelope marked "Confidential," to: Scholarship Committee, One Little Step School, 125 Church Street, Glassboro, N.J. 08028.