



**Delaware Chapter, National MS Society**  
**Arthur Stapler Memorial Adventure Fund**  
*"Because there's more to life than MS"*

**Who Can Apply:**

**People diagnosed with MS who are currently members of the Delaware Chapter.**

**Background:**

**The gift that Arthur Stapler gave everyone he knew – of dreams, of challenges, of inspiration – speaks to the heart of the Arthur Stapler Memorial Adventure Fund.**

This fund honors the memory of the vibrant, intense skydiver known as “the rebel,” who did so much after his diagnosis of MS.

When life seems overwhelming because of MS: doctor visits, pharmacy visits, injections, and more, when MS seems to overpower the lives of individuals and their families, the fund provides opportunities for new possibilities.

This fund can help individuals with MS and their families to participate in an activity they might not otherwise enjoy or to enrich their lives with an extraordinary experience, one that pushes MS to the background, even if just for a little while.

A series of golf lessons with assistive equipment, art lessons, a tour of historic Philadelphia, a weekend getaway, family reunion, therapeutic horseback riding or other adventure can become a reality with grants from this fund. **The program is specifically designed to enrich people's lives by funding plans that help address emotional, social, personal development, and spiritual needs.**

**Please note that grants are generally modest, in the \$300 to \$599 range. Higher amounts may be considered.**

**For more information, please contact:**

Delaware Chapter  
National MS Society  
2 Mill Road, Suite 106  
Wilmington, DE 19806  
302-655-5610

**PLEASE APPLY AT LEAST 2 MONTHS AHEAD OF THE TRIP OR ACTIVITY FOR WHICH YOU ARE REQUESTING GRANT FUNDS**



Delaware Chapter, National MS Society
Arthur Stapler Memorial Adventure / More 2Life Fund

Application Form

Date: Preferred day phone #:

Name:

Address:

Street

City, State, Zip

E-mail:

1. MS sometimes hinders life activities. Choose the item below that best describes the type of activity that this grant will make possible for you in spite of your MS.

- Creative activity (such as art, music, photography)
Series of personal sessions with a professional (such as a journaling, genealogy)
Movie / theater / dinner / wedding or other social event for the family
Once in a lifetime activity or challenge (such as a hot air balloon ride)
Local day trip (such as Longwood Gardens, Historic Philadelphia, Franklin Museum)
Adaptive sport or exercise (such as golf, horse back riding, Tai Chi, Pilates, yoga)
Regional get-away for several nights (such as Williamsburg, VA)
Other (please summarize)

2. What is the projected month and/or days for your activity?:

3. Please list any family members or friends who will also be involved, and your relationship to each person (e.g., Jane, daughter, 12 years old)

Table with 3 columns: Name, Relationship, Age. Multiple rows for listing family members or friends.

**Financial Disclosure:** Please complete the following information to the best of your ability. This grant is not solely or necessarily based on financial need, but will help the committee to better understand your financial situation. DO NOT attach any financial statements.

<b>Gross Monthly <u>Income</u> for All ALL Household Members</b>	<b>Amount</b>	<b>Monthly <u>Expenses</u> for ALL Household Members</b>	<b>Amount</b>
Wages/Tips		Rent/Mortgage	
SSI (Supplemental Security Income)		Utilities (gas, electric)	
SSDI (Social Security Disability Insurance)		Phone/Cable	
LTC Disability Insurance		Food	
Veterans Benefits		Clothing	
Retirement Benefits		Child care	
Alimony		Medical expenses	
Child Support		Transportation	
Monthly Income from Investments		Loan Payments	
Monthly Income from Savings		Insurance (health, auto, etc.)	
Other Monthly Income		Other	
<b>Total Gross Monthly Income</b>		<b>Total Monthly Expenses</b>	

## Reason For Requesting This Grant

Please tell us what you would like to accomplish with this grant and how it would benefit you in a paragraph or two. **The benefit to you and / or your family must be clearly stated.** The selection committee is looking for activities that enhance your quality of life, realistic plans, wise spending of funds, and activities that would not be possible for you without this grant.

If writing is difficult for you, please ask a friend or relative to transcribe your thoughts for you. Or call the Chapter and ask them to transcribe your thoughts. Use additional paper if necessary.



## Arthur Stapler Memorial Adventure Fund

### Application

This worksheet will assist you in planning for your activity and will also help the selection committee to understand your plans better. **Please be mindful that we have a limited amount of resources available for these grants.**

EXPENSE ITEMS	COST
<b>Activity Fees:</b>	
<b>Admission fees:</b>	
<b>Lesson fees:</b>	
<b>Overnight costs:</b>	
<b>Meals:</b>	
<b>Equipment costs:</b> (includes assistive equipment you may need to rent)	
<b>Transportation:</b>	
<b>Other:</b>	
<b>Total Anticipated Costs</b>	\$
<b>Subtract</b> the portion of the costs being paid by you, your family or other sources	\$
<b>TOTAL YOU ARE REQUESTING IN GRANT FUNDS</b>	\$

## Applicant's Signature

**Funds are limited. The ability to fulfill a grant request is based on:**

- Number of applicants
- Availability of funds
- Extent to which the proposed activity or trip meets the intent of the **Arthur Stapler Adventure Fund** goal to improve the quality of life of people living with MS who would not be able to afford or participate in the activity otherwise.

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**Your signature and date of submission are required  
to complete this application**

***Your signature indicates that you attest that this information is true and that  
you agree to submit a report of actual activity costs and all receipts within 1  
week after your activity is finished.***

Applicant's name (please print) \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date of signature: \_\_\_\_\_

**IF APPLICABLE, please have the person who assisted you in filling out this  
form sign below.**

Name of person assisting (please print) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Signature of assistant: \_\_\_\_\_

Address of person assisting client:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of signature: \_\_\_\_\_ Day phone of assistant: \_\_\_\_\_



Arthur Stapler Memorial Adventure Fund

Waiver of Responsibility and Media Release

In signing this release, I \_\_\_\_\_, understand the intent thereof, and will for myself, executors, administrator and assigns, hereby release the Delaware Chapter of the National Multiple Sclerosis Society, and all sponsoring agencies, organizations and their respective agents and employees from all claims of damages, actions and causes of actions whatsoever in any manner as a result of my participation in an activity that has been chosen solely by me and not at the advice of the Chapter and that is funded in full or in part by the Arthur Stapler Memorial Adventure Fund sponsored by the Delaware Chapter of the National Multiple Sclerosis Society.

This is to confirm that I, in consideration of good and valuable consideration, hereby grant the National Multiple Sclerosis Society, its Chapter and affiliates ("NMSS"), permission to copyright, in its own name or otherwise, and to use and any likeness of me or likeness in which I may be included, in whole or in part, or composite or distorted in character or form, without restrictions as to changes or alterations, in conjunction with my own or a fictitious name in any media including video, audio, printed materials and electronic media format.

I hereby waive any right that I may have to inspect or approve the finished product or products or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby agree to save and hold harmless NMSS, its successors, legal representatives from any liabilities whether intentional or otherwise that may occur as a result of any subsequent processing thereof, as well as any screening thereof, including without limitation any claims for libel or invasion of privacy. I hereby warrant that I am of full age and have the right to contract in my own name.

I have read and do understand the above authorization, release, and agreement, prior to its execution. This release shall be binding upon me and my heirs, legal representative, and assigns.

\_\_\_\_\_

\_\_\_\_\_

**Applicant: Print Name**

**Date**

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Witness: Print name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Witness Signature**