

**Bismarck Parkinson's Support Group Grant Application**  
**Application for Funds: Walking Sticks for Parkinson's Program**

Date: \_\_\_\_\_

Applicant's Name OR Business Name: \_\_\_\_\_

Address of Applicant/Business: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe the Need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If awarded, in what capacity will the walking sticks be used:

\_\_\_\_\_  
\_\_\_\_\_

If a business, how will you utilize the walking sticks to improve the quality of life for your Parkinson's patients:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FOR PHYSICIAN/PHYSICAL THERAPIST/OCCUPATIONAL THERAPIST TO COMPLETE:**

Best practice is to be fitted by a PT or an OT for the use of walking stick(s). Please determine the best walking stick(s) from the below information based on the patient's needs:

- Montem Ultra-Light, Quick Locking and Ultra Durable 100% Carbon Fiber Walking Pole(s)**  
[https://www.amazon.com/dp/B07D1CCLNG/ref=cm\\_sw\\_r\\_apan\\_glt\\_fabc\\_4AWD6G4JJ3WE277PF25Y](https://www.amazon.com/dp/B07D1CCLNG/ref=cm_sw_r_apan_glt_fabc_4AWD6G4JJ3WE277PF25Y)
- TrailBuddy Collapsible Aluminum Hiking Pole(s) with Cork Grip**  
[https://www.amazon.com/dp/B01MRQCENJ/ref=cm\\_sw\\_r\\_apan\\_glt\\_fabc\\_YWEPXB1WK9S3J0428RGY](https://www.amazon.com/dp/B01MRQCENJ/ref=cm_sw_r_apan_glt_fabc_YWEPXB1WK9S3J0428RGY)
- Trekking Walking Aluminum Durable & Lightweight Hiking Pole(s) by BAFX Products**  
[https://www.amazon.com/dp/B007YT854S/ref=cm\\_sw\\_r\\_apan\\_glt\\_fabc\\_RG17WZZ97HDEQVHGA96F](https://www.amazon.com/dp/B007YT854S/ref=cm_sw_r_apan_glt_fabc_RG17WZZ97HDEQVHGA96F)

Approve \_\_\_\_\_ Deny \_\_\_\_\_ **Physician/Therapist Signature:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

Submit application to: Bismarck Parkinson's Support Group, PO Box 4174, Bismarck ND 58502 or you may email it to Andrea Engle at [andrea.engle@benedictineliving.org](mailto:andrea.engle@benedictineliving.org)

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**Board Review:**

Date request received: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

More information needed: \_\_\_\_\_

Date notified: \_\_\_\_\_ Date invoice received: \_\_\_\_\_ Date Payment Sent: \_\_\_\_\_

Sent by: \_\_\_\_\_