

All agree, for individuals with Parkinson's Disease, exercise is medicine. Through dozens of medical studies, forced intense exercise has been proven to delay and sometime reverse symptoms of Parkinson's. Rock Steady Boxing is a program designed for those (and only those with Parkinson's) to realize such intense activity. There are close to 900 Rock Steady Boxing affiliates around the world. Here, the Brevard Parkinson's Alliance supports two Rock Steady Boxing Programs (both led by certified, Rock Steady Boxing coaches).

- Advance Fitness, at 2176 Sarno Rd, Suite 102, Melbourne
- T'ville Uppercut, at 835 Sycamore St., Titusville

To participate in Rock Steady Boxing, an individual needs to secure a signed physician's release certifying they have Parkinson's and are cleared to participate in an exercise program. In addition, they must undergo an assessment to best determine their level of participation. The Brevard Parkinson's Alliance doesn't want an inability to afford this valued activity, as a reason not to reap its benefits. Therefore, they provide a limited number of scholarships/ funding each year to those in need. All scholarship funds are paid directly to the respective Rock Steady Boxing Program – NO funds are given directly to the participants. A maximum of six (6) months scholarship will be considered per application. Renewals can be submitted for subsequent six month period(s). The applicant can request full or partial (a percentage) coverage. Request for transportation support must be submitted separately using the Brevard Parkinson's Alliance Transportation Scholarship Request. The Brevard Parkinson's Alliance reserves the right to cancel scholarships for any one not actively participating in the program (unless due to a valid reason (e.g., medical, personal, etc.)).

To request a Rock Steady Boxing Scholarship the following must be accomplished

- 1) Observe a Rock Steady Boxing class at one of the two Rock Steady Boxing Programs in Brevard County (Advance Fitness or T'ville Uppercut)
- 2) Have a diagnosis of Parkinson's Disease and a signed Medical Release from a physician, giving their approval for the individual to participate in a Rock Steady Boxing Program.
- 3) Complete the Request for Rock Steady Boxing Scholarship (attached) and have the form endorsed by the respective Rock Steady Boxing Affiliate Coach.
  - The Coach will certify that the individual has observed their class and has obtained a medical release.
  - Coach must indicate the number of classes the applicant will be participating and the fee per month. In addition, a scholarship can include a one-time assessment/equipment fee; if required that amount must also be annotated.

The application and/or questions regarding eligibility, process, or other areas regarding the program and scholarship must be forwarded to the Brevard Parkinson's Alliance via email to: [BrevardParkinsons22@Gmail.com](mailto:BrevardParkinsons22@Gmail.com)



BREVARD PARKINSON'S ALLIANCE
ROCK STEADY BOXING
SCHOLARSHIP APPLICATION



DATE SUBMITTED: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DESIRED ROCK STEADY BOXING PROGRAM:

- ADVANCE FITNESS, MELBOURNE, FLORIDA
T'VILLE UPPERCUT, TITUSVILLE, FLORIDA

CHECK AS APPROPRIATE:

- INITIAL APPLICATION
RENEWAL APPLICATION

DESIRED FUNDING REQUESTED (CHECK AS APPROPRIATE):

- 100% OF FUNDING OR
% OF FUNDING
ONE-TIME ASSESSMENT ASSESSMENT/EQUIPMENT FEES

BRIEFLY DESCRIBE ON THE BACK OF THIS APPLICATION OR A SEPARATE SHEET WHY YOU REQUIRE A ROCK STEADY BOXING SCHOLARSHIP:

SIGNED: \_\_\_\_\_

ROCK STEADY BOXING COACH CERTIFICATION & ENDORSEMENT

(PLEASE CHECK AND ANNOTATE AS APPROPRIATE)

- ABOVE INDIVIDUAL OBSERVED A ROCK STEADY BOXING CLASS
I HAVE A COPY OF THE SIGNED, MEDICAL RELEASE FOR THE INDIVIDUAL TO PARTICIPATE IN THE ROCK STEADY BOXING PROGRAM
THE INDIVIDUAL IS SCHEDULED FOR AN ASSESSMENT ON AND WILL LIKELY BEGIN PARTICIPATING IN CLASSES ON
THE COST FOR ASSESSMENT/EQUIPMENT IS:
THE INDIVIDUAL WILL PARTICIPATE IN (CLASSES PER WEEK) AT A COST OF /MONTH
I WILL ADVISE THE BREVARD PARKINSON'S ALLIANCE ANYTIME THE INDIVIDUAL PARTICIPATES IN < 75% OF SCHEDULED CLASSES

I ENDORSE THIS APPLICATION.

COACH PRINTED NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_