

POLIOEPIC, INC.

SOUTHERN ARIZONA POST POLIO SUPPORT GROUP
P.O. BOX 17556 TUCSON, ARIZONA 85731-7556
(520) 750-8608 (message) contact@polioepic.org www.polioepic.org

FRANK WADLEIGH MEMORIAL FUND

Polio Epic, Inc., Southern Arizona Post-Polio Support Group, is accepting applications from its membership who are encountering the effects of post-polio syndrome.

This program is made possible by a bequest Polio Epic received from Frank Wadleigh, a long-time member and supporter of Polio Epic.

To apply, Polio Epic members:

- ❖ Must live in Pima County and be a member of Polio Epic.
(Exceptions to be determined by the Board of Directors).

- ❖ Request funding for services that improve your health and/or safety, (such as walking aids, automotive or wheelchair accessories, tub or shower equipment, etc.). Or for health services by a qualified healthcare provider, (such as diagnostic testing related to post-polio syndrome).

- ❖ Must submit completed application to:
Dave Marsh
1150 W. Prince Rd. #2C
Tucson, AZ 85705
H: 520-327-3252
Email: davidmarsh74@yahoo.com

Maximum funding per member, not to exceed \$500.

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FRANK WADLEIGH MEMORIAL FUND APPLICATION

REQUEST FOR FINANCIAL ASSISTANCE

NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE# _____ EMAIL _____

1. REASON FOR REQUEST:

Attach supporting documentation for need of durable goods, (such as walking aids, automotive or wheelchair accessories, tub or shower equipment). Or for health services by a qualified healthcare provider, (such as diagnostic testing related to post-polio syndrome).

2. TOTAL COST OF REQUEST \$ _____

a. My contribution will be \$ _____

b. I need \$ _____ from Polio Epic
(Maximum \$500)

3. I BELIEVE I WILL BENEFIT FROM THE FRANK WADLEIGH MEMORIAL FUND BY:

4. I WOULD BE WILLING TO SHARE THE BENEFITS OF MY EXPERIENCE WITH OTHER POLIO EPIC MEMBERS, IF APPROPRIATE.

Yes

No

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Revised 9/2011