

POLIO EPIC, 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)
- ❖ Must be experiencing financial hardship.
- ❖ Must be at risk for health or safety hazards
- ❖ Must apply for 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.)
- ❖ Must mail the completed application by February 1st or August 1st to the P.O. Box listed below

One time maximum funding per member, not to exceed \$400.

Applications are reviewed and approved by the Board of Directors. Applicants will be notified in writing shortly after the board meetings held in February and August.

Applications are available by contacting a board member or can be downloaded from our website: www.polioepic.org and mailed to:

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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 \$400)

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

(Use back of page if more space is needed)

Revised 3/2008