

POLIOEPIC, INC.

SERVING ARIZONA POLIO SURVIVORS SINCE 1985
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., Arizona's 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 Arizona and be a member of Polio Epic for a minimum of **one year**.
(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).
- ❖ A documentation receipt is required when applying (such as a prescription, invoice, doctor's orders, etc.).
- ❖ Must submit completed application to:

Dave Marsh
3554 E. 3rd Street
Tucson, AZ 85716-4608
520-327-3252
davidmarsh519@yahoo.com

Maximum funding per member, not to exceed \$500

Applications are reviewed and approved by the Board of Directors. Applicants will be notified by the administrator after a board meeting.

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

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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 6/2015