



APPLICATION form for [Providing A WAY To Help Fund](#)

PATH-WAY champions inclusion and belonging yet understands how finances and a disability may limit an individual's access to the very activities that could improve their quality of life. To address this issue PATH-WAY has established a program [Providing A WAY To Help](#) to provide financial assistance to help individuals with physical disabilities access their passion. PATH-WAY will provide grants (between \$200 to \$1000) to help individuals finance their dream.

This is not a social welfare fund but a program to promote our mission of promoting inclusion in social activities.

Due to limited personnel, calls and e-mails regarding eligibility for this program cannot be returned. If you believe you are eligible for this grant please complete the application.

Eligibility Requirements:

1. Recipients must have a permanent physical disability, which may include but not limited to: Neuromuscular Disorders or Musculoskeletal impairments such as Cerebral Palsy, Muscular Dystrophy, SMA, Dystonia, Osteogenesis Imperfecta, spinal cord injury, amputee.
2. All applicants must complete an application and provide a note from a physician confirming a diagnosis of disability.
3. The applicant/or guardian may provide any additional information or references that may support the application.

Applications will be reviewed by a PATH-WAY committee and recipients will be chosen based on the interpretation of the request to promote PATH-WAY's mission of access to social experiences and improvement to quality of life. The number of grants provided will depend on the need and types of applications received. Grants will range from \$200 to \$1000.

Grants will be distributed directly to the Institution/Camp/or program providing the service to the recipient.

Recipients' stories will be highlighted on PATH-WAY's website.

The applications will be reviewed on a rolling basis. PATH-WAY will review requests after receipt of a **full application** to include a **documentation from your doctor confirming a diagnosis** of your permanent physical disability. Please include any essential dates on your application. For example: Camp/or program needs notice by month/year. PATH-WAY may request additional information from applicants to help in their award decisions.

Please Complete the following:

1. Applicant's Name: (Individual directly benefitting from grant)

2. Applicant's Current Age:

3. Address of Applicant:

Street:

City:

State:

Zip:

4. Email:

Confirm Email:

5. Phone

6. Applicant's Legal Guardian (If applicant is under 18 years of age the application must be completed by their legal guardian.)

Relationship to Applicant: (ie. mother, father, caregiver, social worker, or other-specify)

E-mail:

Phone:

7. What best describes the purpose of your request?

Describe other:

Please mail or email completed application to:

PATH-WAY Providing a WAY to Help Fund
90 Trotter Rd. Unit 109
S. Weymouth, MA 02190

e-mail: stephz@path-way.org

PATH-WAY Providing Access to Happiness

90 Trotter Road Unit 109
S. Weymouth, MA 02190
www.path-way.org