



APPLICATION form for Providing A WAY To Help

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.

Eligibility Requirements:

1. Recipients must have a 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 be willing to 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 interpretation of need, value of experience, 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.

Financial assistance for assistive/adaptive equipment will be limited to \$500 and will be provided to the vendor/distributor at time of purchase. (PATH-WAY will not provide grants for computers, i-phones, or i-pads)

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

The applications will be reviewed on a rolling basis. We will notify you upon receipt of your application and give you a date of determination. 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:

8. What is the total cost of the experience/device you are seeking?
9. What is the amount of your request? (Request for assistive/adaptive equipment is limited to \$500.00. All other grants will range from \$200. to \$1000.)
10. Will you be able to fund the remaining portion if the grant requested will not cover the entire cost of the experience/device?
11. Please provide the Name, address, and contact information for the program you wish to attend or provide the Vendor and contact information where you plan to purchase device.

Name of Program/or Vendor

Address:

Contact Information:

12. Please provide a brief bio and explain how this grant and experience/device would impact your (applicant's) life.

13. Please provide any other information that you would like to share in support of this application. (For example- a character or physician reference, a photo)

Signature:

Date:

Please mail or email completed application to:

PATH-WAY Providing a WAY to Help Fund
11 Stonybrook Rd.
Medfield, MA 02052

e-mail: stephz@path-way.org

PATH-WAY Providing Access to Happiness
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