

RPWA Disabilities Ministry Request for Financial Assistance

Name of Person with Disability _____

RPCNA Congregation _____

Name of Disabled Person's Responsible Party (if applicable) _____

Address _____

Telephone Number _____

Email Address _____

Please provide a brief description of disability.

Amount and Purpose of Request for Financial Assistance from the RPWA Disabilities Ministry *(See Below)*

- Financial Assistance with RPCNA presbytery or national conference registration fees for individuals with a disability. *(maximum amount is 50% of individual's registration fee per year)*
- Financial Assistance to pay nurses or companions for individuals with a disability attending an RPCNA family conference. *(maximum amount is \$500 per year)*
- Financial Assistance with up to one week of in-home respite care for individuals with a disability. *(maximum amount is \$500 per year)*

*Submit Request to Bill Weir, Steering Committee Treasurer, wjweir@juno.com or
Mail to: 101 Maruth Drive, Pittsburgh, PA 15237*

Important Note: The RPWA Disabilities Ministry Steering Committee reserves the right to determine any request for financial benefit based on the type and severity of the disability and the availability of funds then currently available. Policy Adopted August 17, 2018.