

THE WIDOWS CORPORATION

THE CORPORATION FOR THE RELIEF OF THE WIDOWS AND CHILDREN OF CLERGYMEN
IN THE COMMUNION OF THE PROTESTANT EPISCOPAL CHURCH
IN THE COMMONWEALTH OF PENNSYLVANIA
1819 John F. Kennedy Blvd, #303
Philadelphia, PA 19103-1729

APPLICATION FOR WELLNESS FUND ASSISTANCE

Name: _____

Address: _____
_____, _____

Telephone: ____ - ____ - _____ Email: _____

Canonical Residence: The Episcopal Diocese of _____

Amount Requested: \$_____

- Category of Need: ___ Medical / Dental / Psychological Evaluation / Treatment
 ___ Prescription Drugs
 ___ Vocational / Professional Evaluation & Assistance
 ___ Spiritual Counseling / Retreat Expenses
 ___ Diocesan Contribution for CPF Fund for Special Assistance

Briefly describe specific situation: _____

What other funds have been used /are available to help meet this need? _____

Other information to assist in evaluating this application may be supplied on a separate page.

Signed: _____ Date: _____

Need confirmed by: _____

Position: ___ Diocesan Bishop ___ Diocesan Pastoral Care Officer
 ___ Other (specify:) _____