



An anonymous donor has made a contribution to assist families or individuals to attend the upcoming D12 Regional Conference. Criteria will follow closely the established national Kitchen's Fund for first time conferences attendees.

To qualify for the fund, applicants must meet the following criteria:

- 1) must be a first-time attendee of a Regional Conference
- 2) must be a paid member of LPA in good standing, and
- 3) any minor child must be accompanied by an adult/guardian

The Chapter and District officers of District 12 or any D12 chapter, are eligible to submit an application on behalf of, and act as a reference for, a paid current member in their area to receive a grant from this fund.

Please submit names (including addresses and contact information) with a few paragraphs explaining the specifics of the need and some general information about the potential awardees family or individual, their relationship to your chapter, how you know of the need, and what will be gained by the full participation of this family or individual. We also need to know anticipated travel expenses (flying or driving).

Additional Criteria for Regional Assistance:

In order of priority:

- Families with dwarf children have the highest priority in the selection criteria.
- Medical necessity for children or adults - need consultation with specialists
- Needing help with advocacy or disability rights-related issues

Please be aware that, no monies will be awarded until the family/individual is actually at the conference, therefore, applicants should make their conference reservations as soon as possible.

Also, since this fund is limited and LPA tries to help as many applicants as possible, please understand total expenses are not covered.

**Please contact District 12 Director for more information – Joe Foos**  
**[foosgroup@comcast.net](mailto:foosgroup@comcast.net) or call 925-484-4251**

## APPLICATION FOR LPA RAB-DAB REGIONAL TRAVEL FUND

Date:
Name:
Address: City/State/Zip:
Telephone:
Cell Phone:
E-Mail Address:
LPA Chapter Name:
How long have you been a paid member of Little People of America?
Are you active in your Chapter and/or District? In what way? Please specify:
Number of short statured individuals in the family:
Age of children in the family:
What benefit do you hope to receive by attending this Regional Conference?
Please list your anticipated travel expenses:
Have you recently experienced any unusual expenses (i.e., medical expenses not covered by insurance, etc. – use back of page or separate sheet if necessary)?

Please submit to District 12 Director – Joe Foos  
[foosgroup@comcast.net](mailto:foosgroup@comcast.net) or FAX 925-462-7680