



PFBC

Pacific Foundation
for Blind Children

Helping Blind and Visually Impaired Youth Achieve Success

Grant Application

Please complete this form and mail to:

Pacific Foundation for Blind Children (PFBC)

2214 East 13th Street
Vancouver, WA 98661
(360) 696-6321, ext. 177
(360) 737-2120 (fax)
www.pfbc1.org

Or email to JaReda Webb at jareda.webb@pfbc1.org

General Information

The PFBC grants funds to people, programs or projects that enhance the educational and employment opportunities for persons with visual impairments. PFBC funds are not available to supplant State or Federal funding.

Grants must be approved by the PFBC Board of Directors. Applications reviewed by the PFBC Board the third Tuesday of each month.

Procedures and Instructions

All requests for funds must be submitted on this Grant Application form. Applications may be submitted to the PFBC at any time.

Enclose any additional documents or information you want to be considered as part of your application. Return the completed application to the address listed above. All questions with asterisks must be answered, if a question does not apply, please write N/A.

You will be contacted if the PFBC Board needs additional information (personal interviews or oral presentations may be requested). You will be notified in writing within ten [10] days following the meeting at which your application is considered.

Application

1. General Information:

Full Name* _____

Mailing Address* _____

City, State ZIP* _____

Home Phone* _____ Work Phone* _____

Email* _____

Year in school* _____ Date of birth* _____

Submitted by*:

Student - If student, school attending _____

Parent/Guardian of: _____

Teacher on behalf of: _____

School Organization (must include UBI number) Service Club

Other (list): _____

2. Applicant's Parent/Guardian Information* Parent Guardian

Full Name* _____

Mailing Address* _____

City, State ZIP* _____

Home Phone* _____ Work Phone* _____

Email* _____

3. How much money are you requesting*? \$_____

4. Date funds need to be received*? _____

5. Please answer the following: What is the purpose of this grant? How will this grant benefit the applicant? How will the funds be used (be specific)? If more space is needed, attach additional pages.*

6. Is this part of an Individualized Education Program (IEP)*? No Yes

7. Has funding been requested from*:

a. The State of Washington? No Yes If yes, status of the request:

Pending - response expected by: _____

Funded in the amount of \$ _____

Not funded. Reason: _____

b. Any other organization or agency? No Yes If yes, please list each agency or organization, the dates of your requests, and current status. Attach additional pages if necessary*.

7. Please include any other information you feel is important for the Foundation to consider*.

I certify that the information and representations above are true and correct.

Signature

Date