



All Blind Children of Texas

Application for Funding

Please answer all of the questions on this form to be considered for funding.

Submitted by:

Title:

School District or Service Center of applicant:

Date submitted: _____ Date funding is needed: _____

Amount requested from ABCTX: _____

Number of children/youth, who will benefit from funding: _____

Age(s) of children to be served: _____

Please identify the areas of instruction in the ECC that will be addressed by this funding request, (check all that apply):

- Assistive Technology
- Career Education
- Compensatory Skills
- Independent Living Skills
- Orientation and Mobility
- Recreation and Leisure
- Self-Determination
- Sensory Efficiency
- Social Interaction Skills

Describe proposed project including expected benefits to students:

Describe exactly how funds from ABCTX will be used:

Please define the other sources and amounts that will fund the project:

If request is approved, what method of payment is preferred:

Check
Pay Pal

If funding by check:

Make check payable to:

Send check to:

Street address:

If funding by PayPal:

UserName_____ email_____

Please mail physical grant applications to:

**ATTN: ABCTX
1100 W 45th St.
Austin, TX. 78756**

For questions or concerns, email us at hello@abctx.org or reach out by phone at (512)-206-9234