

Hofstetter Opportunity Grant Application

Please provide thorough information.

Name:

Address 1:

Address 2:

City:

Zip code:

Telephone number: Home Cell

E-mail address:

Date of birth:

What product, device, technology or activity are you requesting assistance for?

State why this product, device, technology or activity is needed.

What is the contact information for the company or organization's the request is for?

Why should you be considered for a grant?

What is the amount of your request from this grant?

List all other sources you have asked to assist in the purchase of your request and the amount raised prior to applying for this grant.

Include a letter of verification of legal blindness from a professional in the vision field (ophthalmologist, optometrist, Vocational Rehab counselor, rehabilitation teacher, etc.).

Please send your completed application and verification letter to:

Hofstetter Opportunity Grant Chair

1820 G St.

Bedford, IN 47421