



Adaptive Technology Grant Application

Missouri Council of the Blind • moblind.org • (800) 342-5632

Plain PDF form. Print or write on the form to complete.

Applicant Information

First Name _____

Last Name _____

Email Address _____

Phone _____

Street Address _____

City / State / ZIP _____

Vision Status

Totally Blind Legally Blind Sighted

Membership Status

Affiliate Member Member-at-Large Not an MCB Member

Affiliate Name _____

Grant Request

Previous Grant Awarded?

Yes No

If yes, date of last award _____

Describe previous purchase

Grant Amount Requested

Minimum \$50. Max \$3,000 over 5 years.

Describe New Purchase

Preferred Vendor

Statement of Agreement

I have read the MCB Adaptive Technology Grants Program guidelines and I understand and agree to all terms and conditions. All information I have listed on this application is accurate to the best of my knowledge. I understand that any failure to comply with the program guidelines may void this application or render me ineligible for a matching funds grant.

Full Name (Electronic Signature)

Date

Mail completed form to MCB St. Louis office.