



Youth Services Grant Application

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

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

Child's Information

Child's Full Name _____

Child is Legally Blind? Yes No

Child's Address _____

Child's City / State / ZIP _____

Applicant Information

Form Completed By _____

Applicant First Name _____

Applicant Last Name _____

Email _____

Phone _____

Street Address _____

City / State / ZIP _____

Vendor

Preferred Vendor _____

Requested Items

Qty	Item No.	Description	Amount

Total Requested _____

Signature

Signature _____

Date _____

Mail completed form to MCB St. Louis office.