**GEORGIA COUNCIL OF THE BLIND YOUTH GAP FUND**

APPLICATION FOR ASSISTANCE

NAME:

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ADDRESS:

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PHONE NUMBERS:

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|  |

DATE OF BIRTH:

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To the Committee Members of the Georgia Council of the Blind Youth GAP Fund:

Application Qualifications:

1) 0 to 54 years of age

2) That this will be used for the applicant’s use only.

4) If this request is granted, the applicant will be unable to request anything else from the Georgia Council of the Blind Youth GAP Fund for a year, and that my yearly receipts cannot exceed $200 per year, which includes product and shipping. If the cost of the item(s) exceeds $200, the applicant agrees to pay the balance to the Georgia Council of the Blind before the item is ordered.

5) That the applicant will not sell this to any other person.

Check one:

[ ]  I am a visually impaired individual and am in need of items to assist me in my everyday activities and I am financially unable to fit this in my budget at the present time.

[ ]  I am requesting this item for my visually impaired relative.

[ ]  I am requesting this item for my client.

I request that the Georgia Council of the Blind purchase the following through the Georgia Council of the Blind Youth GAP Fund:

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Signed (electronic signature accepted): Date:

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**Please submit this application to one of the addresses below:**

**Ron Worley: 373 CONNOR CIR. EVANS GA 30809**

**Tiffany Montalvo: 185 COUNTRYSIDE LN COVINGTON GA 30016**

**APPROVAL OF APPLICATION FOR ASSISTANCE**

The application for Assistance from the Georgia Council of the Blind Youth GAP Fund of (name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been approved for the purchase of the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Committee co-chairs will coordinate with the treasurer the purchase of this for the applicant and that it be delivered to the address submitted unless otherwise specified.

Approved on behalf of the Committee:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_