



303-D Beltline Place, S.W., #321
Decatur, Alabama 35603

Assistive Technology Grant Application

Instructions: Form may be printed and filled out by hand (must be legible) or downloaded as a MS Word/WordPad document and entries typed. Applications will be accepted on a “rolling” basis throughout the year. All materials should be sent to the above address.

Name (Last, First, MI)		
Address		
Address2		
City	Sate	Zip
Email	Phone	Cell
Type of Nystagmus		
Name and Description of Assistive Technology: (attach more pages if necessary)		
How will this technology benefit you? (attach more pages if necessary)		
Cost of Assistive Technology	Amount of Grant Request from ANN	
\$	\$	
Name of Provider of the Assistive Technology		
Provider Address		
Address2		
City	State	Zip
Phone	Website	

ANN Member? Yes <input type="checkbox"/> or No <input type="checkbox"/>		Relationship to ANN Member	
If child of Member, please provide age:			
Are you a full-time student? Yes <input type="checkbox"/> or No <input type="checkbox"/>			
Have you previously requested Assistive Technology Grant from ANN?			
Yes <input type="checkbox"/> or No <input type="checkbox"/>			
If so, when?			
Certifying Physician			
Address			
Address2			
City	State	Zip	Phone

Checklist:

1. This application.
2. Doctor's Letter or Medical Certification.
3. If financial need is to be considered as part of Grant Application, please attach prior year's Federal Tax Return.

I agree to all the terms as set forth in ANN's Assistive Technology Grant Application Guidelines. I hereby certify that I have not received, nor do I have any pending applications for, any funds to cover the cost of the Assistive Technology described in this Application.

Signature of Applicant

Date

Signature of Parent (if under 18)

Date

Signature of ANN Member

Date