

## Eye-Link Foundation Grant Application

The Eye-Link Foundation provides grants to blind and visually impaired residents of Minnesota for assistive technology and or associated training. The Eye-Link Board of Directors reviews and makes decisions on grant applications on a quarterly basis. Their decisions are final. Applicants will be notified of their status within two business days following Board review. Grants may be new or refurbished adaptive technology. The Eye-Link Board reserves the right to deny funding for any reason. This process and form may be changed at any time without notice.

Applications are available in Braille or print by calling the Foundation at 763-561-6967.

You must be registered, either as active or inactive, with Minnesota State Services for the Blind (SSB). You must have been turned down by SSB for the adaptive technology or training for which you are applying. A copy of your "Denial" letter from SSB must accompany this application.

Mail your application to:  
The Eye-Link Foundation  
Merna Appelgate  
6615 Lakeshore Drive  
Unit # 814  
Richfield, Mn. 55423

1. Name \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
4. Home Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_
5. E-Mail (if available) \_\_\_\_\_
6. Current student Yes \_\_\_\_\_ No \_\_\_\_\_
7. If yes, what type of school or training \_\_\_\_\_
8. Are you currently a client of State Services for the Blind (SSB) Yes \_\_\_\_\_ No \_\_\_\_\_
9. If yes, name of Counselor \_\_\_\_\_ Phone \_\_\_\_\_
10. If no, have you been a client in the past Yes \_\_\_\_\_ No \_\_\_\_\_
11. If yes, approxamately when was your case closed? \_\_\_\_\_

**If you are an active client of SSB please answer the following:**

12. How was your need for this equipment/training determined?

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13 What type, model, or discription of adaptive technology and/or training are you requesting from Eye-Link?

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14. If you were denied by SSB, what reason were you given for being denied?

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15. Have you ever been a member of the Armed Forces or Reserves? Yes \_\_\_ No \_\_\_  
If yes, what branch? \_\_\_\_\_

**You must attach a copy of your letter of denial from SSB or Counselor to this application!**

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**NOTE: Your application will NOT be processed if a letter of denial is not attached!**

The following is optional but would assist Eye-Link in making a prompt response:

I give Eye-Link representatives permission to contact my SSB Counselor on questions related to the specific equipment I am requesting Eye-Link to purchase for me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For more information visit [www.eye-link.org](http://www.eye-link.org) or Like us on Facebook

Revised January 2, 2015.