

# Vision & Learning Grant Application

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



THE OPTOMETRY CENTER  
FOR VISION THERAPY

Name of School: \_\_\_\_\_  
School's Address: \_\_\_\_\_ School's Phone #: \_\_\_\_\_  
Principal of School: \_\_\_\_\_ Principal's Email: \_\_\_\_\_  
Name of Student: \_\_\_\_\_ Sponsoring Teacher: \_\_\_\_\_  
Student's Current Grade: \_\_\_\_\_ Date of Birth / Age: \_\_\_\_\_ Gender:  Male  Female  
Parent(s)/Guardian(s) Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent's Address: \_\_\_\_\_  
Parent's Phone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

I certify that the grant applicant is a current and deserving student.

\_\_\_\_\_  
Principal's Signature Date

Your completed application must include all of the following:

1 A Letter of Recommendation from the student's sponsoring teacher (1 page only).

2 An **OCVT Teacher Questionnaire** completed by the student's sponsoring teacher

A Teacher Questionnaire can be requested at: [connect@ocvt.info](mailto:connect@ocvt.info)

3 An **OCVT Parent Consent Form** (Parent's signature is required.) This form provides the parent/guardian's consent for the student to participate in the Grant program. The parent also agrees to have their child attend weekly Vision Therapy Sessions at The Optometry Center for Vision Therapy.

A Parental Consent Form can be requested at: [connect@ocvt.info](mailto:connect@ocvt.info)

4 A Description of school's grant candidate competitive selection process (1 page only).

**Your completed Grant Application package with all of the above documents should be mailed on or before May 15, 2019 to:**

The Optometry Center for Vision Therapy  
Attn: Vision and Learning Grant Department  
6836 Bee Caves Rd. , Suite 100, Austin, TX 78746 or 255 E. Sonterra Blvd. #100, San Antonio, TX 78258

Applications must be postmarked by: May 15, 2019