

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:	<input type="checkbox"/> Male <input type="checkbox"/> 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

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

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, 2023 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, 2023