

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

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, 2026 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, 2026