



WSBF

Washington School for the Blind
Foundation

Helping Washington's Blind Youth Achieve Success

Senior Technology Grant Program Application Form

It is the student's responsibility to have this form completed by their Advisor, their Assistive Technology Specialist and signed by their parent/guardian. A completed form along with your formal letter must be returned to Sherry Hahn, Digital Learning Coordinator.

Student Name:
Address:
City, State, Zip:
Birth Date:
Parent/ Guardian Name/s:
Parent/Guardian Phone Number:

Student information:

In a formally written letter, please identify what equipment would you like to receive, why do you want this particular product and how will you be using the equipment if you receive it? How will it support your future goals? This is a formal request, please take time to make this letter well written, use complete sentences and spell check. Address your letter to the Board of the Washington School for the Blind Foundation.

To be filled out by Advisor

Based on your knowledge of the student, is the requested technology appropriate for the student remembering that it should support IEP goals and foster future independence. If not, please include your recommendation for an alternative choice in technology.

To be filled out by Assistive Technology Specialist

Based on your knowledge of the student, is the requested technology appropriate for the student remembering that it should support IEP goals and foster future independence. If not, please include your recommendation for an alternative choice in technology. **Please support your decision with data based on the student's technology assessment.**

We, the parent/guardians, recognize that this project requires both financial and educational requirements. We agree to assist the student in meeting these obligations. We understand that by agreeing to this, we acknowledge there will be a contract that will require us to pay a portion of the cost of the technology.

Student: _____ Date: _____
(Signature)

Parent/Guardian: _____ Date: _____
(Signature)

Parent/Guardian: _____ Date: _____
(Signature)