



Parents Of Autistic Children-Hudson Valley  
**POAC-HV**

Grant Application Form Individual

**\*Please check if applying for Workshop\_\_\_\_\_**

\*Please check one: Parent\_\_\_\_ Professional\_\_\_\_ Other\_\_\_\_

\*Name of Person Attending Workshop\_\_\_\_\_

**\*Please Check if applying for Grant: Social\_\_\_\_ Recreational\_\_\_\_ Educational\_\_\_\_**

Applicant's Name \_\_\_\_\_

Applicant's Diagnosis \_\_\_\_\_ (submit proof, document that states diagnosis)

Applicant's Address (**please include County**)

\_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

\* Check made out to \_\_\_\_\_

Amount requesting (up to \$400 a year) \_\_\_\_\_

\* POAC-HV will make checks out to Social/Recreational/Educational/Workshop Program. If this is a problem please let us know, and attach copies of paid receipts.

Social/Recreational/Educational/Workshop Program Name, Address & Phone #

\_\_\_\_\_  
\_\_\_\_\_

\*\*Attach detailed information about Social/Recreational/Educational/Workshop along with total cost.

Send completed applications to:

POAC-HV C/O

24 Sheafe Rd.

Wappingers Falls, N.Y. 12590