



Parents Of Autistic Children-Hudson Valley
POAC-HV
Grant Application Form: *Organization*

Please Check One: Social_____ Recreational_____ Educational_____

Program Name _____

Children's Age groups serving_____

Diagnoses of children serving _____

Program/Applicant's Address (please include county)

Street/P.O. Box

City, State, Zip Code

County_____

Phone #

E-mail

Program Name (Checks are made payable to Sponsoring program*)

(If this is a problem please contact us Beatrice@hypoac.org)

*Exceptions may be made based on need

**Attach detailed information about program

Applicant/Contact Name/Number _____

Signature of Applicant/Contact _____

Amount requesting _____ (Can apply up to \$2000 per year)

Send completed applications to: POAC-HV C/O
24 Sheafe Rd.
Wappingers Falls, N.Y. 12590

Applications will be reviewed on a rolling basis.