

UTAH COUNCIL OF THE BLIND
Application for Technology Fund

Full Name _____ Date _____

Mailing Address _____

Phone: Home _____ Work _____ Cell _____

E-mail Address _____

Annual Income _____

Item(s) to be purchased _____

Estimated cost _____ Will you be able to pay 25% of the cost? _____

What other sources of help have you tried? _____

Why were those attempts not successful? _____

Intended use _____

Item needed by: _____

Are you familiar with the product and how to use it? _____

Will you need training and, if so, how will you obtain it?

How would you like us to communicate with you?

Phone _____

E-mail _____

Tape _____

Braille _____

Large print _____