Arc of Greater Beaumont Summer Education Grant Program

Purpose:

The purpose of the Summer Education Grant is to provide assistance to parents and guardians of children with IDD to continue education and development. It is to benefit those students not eligible to receive the service through an extended year program provided by the school.

Eligible Persons:

- 1. Child must be between the ages of 3 and 21.
- 2. Child must be diagnosed with Intellectual or Developmental Disabilities (IDD) or related conditions (i.e.-autism) documented by a doctor or other professional.
- 3. Must be a child enrolled in public or private school.
- 4. Requested funding must be for services that could not be provided by a public school or insurance.
- 5. Must fill out the application in its entirety and attach all required information.

Summer Education Grant Information:

Grants are awarded once a year. Once approved for a grant you may (a) submit a receipt to The Arc of Greater Beaumont for reimbursement, or (b) have The Arc of Greater Beaumont invoiced directly for item requested in this agreement. The Arc of Greater Beaumont will not be responsible for any invoiced amounts in excess of The Summer Education Grant award. All receipts must be submitted no later than 30 days after approval letter.

Where to send Completed Grant Application:

You may send the completed application and all he following ways:

- 1. Mail: 700 North Street, Suite Q, Beaumont, TX 77701
- 2. Fax: 409-838-7886
- 3. Email to: teri.hawthorne@arcofbmt.org

Arc of Greater Beaumont Summer Education Grant Program

Α.	Contact Information:		
	Child's Name:		
	Parent/Guardian Name		
	Address:		
	Email:		
	Phone / Fax:		
В.	Provide the following regarding your request: - Attach a separate sheet or include details on the following page. - Please include name, address and phone number of organization or person to whom funding will be sent		
		esting. (Not to exceed \$500) ogram or programs for which you are requesting funds. and when the funds would be used.	
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Parer	nt/Guardian Signature	Arc Approval/Title	
		Date:	

Description of Funds Requested

Amount of funds you are requesting. (Not to exceed \$500) \$
Detailed description of the program or programs for which you are requesting funds. (Please include name, address and phone number of organization or person to whom funding will be sent)
Detailed description of how and when the funds would be used.