

## BRIGHT EYES GRANT REQUEST (2018-2019)

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**APPLICANT INFORMATION** (\*Required)

DATE (mm/dd/yyyy)

Name

Previous Bright Eyes Beneficiary??

VCC Member?

Have you volunteered with VCC this fiscal year?

Preferred Phone

E-mail Address

Mailing Address

CMR

Box

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**CHILD(S) INFORMATION**

My family participates in the  
Federal lunch program

My family participates in the  
Sure Start Program

Child 1 Name

Child 2 Name

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**COMMENTS** (Provide any additional information you think would be helpful or add names of additional children in your family for which you are seeking reimbursement for glasses. The maximum is \$150 per child per fiscal year.)

**ACKNOWLEDGMENT**

Proper verification of cost of glasses per child and that the family participates in the Federal free and reduced lunch program or the Sure Start program must be submitted prior to reimbursement. Only one reimbursement per child, per family per VCC fiscal year which runs from June 1 to May 31.

Requestor Name

Signature

Approved By (Org. Official)

Signature

**E-MAIL COMPLETED REQUESTS TO: [grants@vccitaly.org](mailto:grants@vccitaly.org)**

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**ADMINISTRATION (FOR VCC USE ONLY)**

REQUEST RECEIVED

BOARD REVIEWED?

CEC VOTE TAKEN

REVIEW DATE

DECISION

FUNDS ISSUED

ISSUE METHOD

RECEIPTS RECEIVED?

REFUND REQUIRED?

REFUND RECEIVED

FILE DATE