



youthAbility Tech Access Program
Assistive Technology Mini-Grant Application

youthAbility Recruiter Name & Agency:

Contact Information:

Phone: (____) _____ - _____

Fax: (____) _____ - _____

E-Mail: _____

For Office Use Only

Date Received: ___/___/___

Decision Date: ___/___/___

App

Dec

Name of Community Service Agency: _____

Brief description of the volunteer agency and what it does: _____
