



The Arc of the Mid-Columbia  
**Special Needs Fund Application**

Date: \_\_\_\_\_

Your Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Do you want another person to help you with this application? Yes\_\_ No\_\_

If so please give their name and how to contact them:

Name of helper \_\_\_\_\_

How to Contact \_\_\_\_\_

Please tell us about the activity or object that the Special Needs Fund might help you with and attach additional information as needed.

\_\_\_\_\_

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