DR. J. DAVID CRUM VISION GRANT

Working with Augusta, Douglass and Rose Hill schools to identify and treat at-risk students with vision problems.

Overview
One in five children entering kindergarten each year will have a vision problem that may affect his or her ability to learn. By high school graduation, this number climbs to more than 30 percent. Many of these learning-related vision problems may hinder a child’s ability to perform to his or her academic potential and could lead to self-esteem issues and behavior problems.

The Dr. J. David Crum Vision Grant
An important provision of state law requires legislators to donate any balance in their campaign account to charity upon retirement from office. To help address the above stated issues in the 77th district, Representative Dr. J. David Crum is donating the balance of his campaign account to the See To Learn Foundation to help students with vision problems in the Augusta, Douglass and Rose Hill schools. Funding is targeted at assisting students who have a vision problem but may not have insurance or the financial means for an eye health and vision exam or treatment. Preference for funding for the eye examinations will be for students eligible for free and reduced lunches. A limited number of grants will be available each year. For students exhibiting subnormal vision, the Foundation will work with the KanLovKids Program to coordinate care and will work within the KanLovKids established guidelines. A representative of the See to Learn Foundation will contact each of the schools to let them know about the availability of the funds as well as the application process.

How to Apply
Please fill and return the attached form to apply for the Dr. J. David Crum Vision Grant to the See to Learn Foundation. Contact the See to Learn Foundation for further information.
DR. J. DAVID CRUM VISION GRANT APPLICATION

Grant application must meet the following guidelines:

Changes can be made to these guidelines in the future as necessary

♦ Grant funding is limited to $2,000 per year, with interest income used first.
♦ Grant funding per student is capped at $300/year.
♦ Students must either be diagnosed with low vision or suspected vision problem with no health or vision insurance.
♦ Income eligibility is tied to student’s qualification for free and reduced lunches.
♦ Students should be from schools within Augusta, Douglass or Rose Hill.
♦ The See to Learn Foundation will coordinate with and work within existing guidelines established by the KanLovKids Program for those students with low vision.

Contact Name: ________________________________ Title: ________________________________

School District: _______________________________________________________________________________

Street Address: _______________________________________________________________________________

City: ____________________________________________ State: ________ Zip: ________________

Phone: ______________________________________ Fax: _________________________________________________________________________

Email: __________________________________________________________________________________________

Student Name: ________________________________ Student ID#: ______________________________

Parent/Guardian Name: __________________________ Phone: ______________________________

Reason for applying for grant: ☐ Failed vision screening  ☐ Reported trouble in classroom
____________________________________________________________________________________________
____________________________________________________________________________________________

Other funding/resources which have been utilized: _________________________________________________
____________________________________________________________________________________________

Please note this grant should be applied for after seeking assistance from other existing resources.

Authorized School Representative: ________________________________ Title: ______________________________

Signature: ___________________________________________________________ Date: __________________

Please complete and return this application to See to Learn Foundation.