



# SADIE JONES GRANT

*Chase & Lyon Counties*

## 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 See to Learn Foundation was created to educate families about the critical link between vision and learning. In addition, the Foundation has served as a resource to help provide vision care services, including eye exams, eyewear and vision therapy to children and families in need. The See to Learn Foundation started the Children's Vision Initiative to increase awareness of the need for vision care in children and provide funding to fill the resource gap for at-risk children.

## The Sadie Jones Grant

The Sadie Jones Grant, through the Emporia Community Foundation, has generously contributed financial resources to provide comprehensive vision care for school-aged children in Chase and Lyon Counties. The grant is intended to assist existing community resources that help local students.

## How to Apply

Please fill and return the attached form to apply for the Sadie Jones Grant to the See to Learn Foundation. Contact the See to Learn Foundation for further information.





# SADIE JONES GRANT APPLICATION

Grant application must meet the following guidelines:

- ♦ *Grant funding per student is capped at \$300/year.*
- ♦ *Income eligibility is tied to student's qualification for free and reduced lunches.*
- ♦ *Students should be from schools within Chase or Lyon County.*

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.*