

State Farm Insurance has generously donated one hundred fifty Amazon Echo Show 5 smart display systems to ASCO. If someone you know would benefit from one of these devices, please fill out this grant application and return it to us. **Note: Use of Echo Show 5 requires internet access.** 

## **ASCO Echo Show 5 Grant Application**

Name of Grant Applicant: A	\ge
Address:	
Telephone:	
County of Residence:	
Diagnosis:	
Name of Person Completing Request Form:	
Relationship to Recipient: Telephone:	
Email Address:	
How will an Amazon Echo Show 5 benefit the applicant? What disability-related issues wi	Il the device
address (how will it make life easier, safer, or more independent)?	
,	
By submitting this application, I affirm that the facts set forth in it are true and complete. Ac	dditional
information or documentation may be requested by the Grant Committee. All information w confidential. Please keep a copy for your records.	vIII be kept
Date:	
<u> </u>	
SignaturePrinted Name	

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference or age. All information will be kept confidential.

Thank you for completing this application form. Either mail the completed grant application to:

Autism Society Central Ohio

P.O. Box 272 Worthington,OH 43085

OR

Email to: <a href="mailto:director@autismohio.org">director@autismohio.org</a></a><br/>Subject line: Echo Show Grant Request