

# The Melina De Meneghi Vision Fund - Application Form

**Student's first name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

Have other sources of funding been investigated:    Yes     No

If "YES" specify amount:

Source:

Please provide a brief description of the family situation that would indicate the need.  
(See attached guidelines)

Family has obtained quote from:

optician/optometrist/ophthalmologist     Yes     No

Family will provide some financial contribution to the cost     Yes     No

**Cheques will be made payable to the Optical Institution/Dispenser or school personnel in the amount requested up to a maximum of \$150.00. (Cheques may be made payable to the school if the purchase has been prepaid by school).**

*Name of Optical Institution/Dispenser*

*Please print name of Principal/Social Worker authorizing the request*

*Principal's Signature / Social Worker Signature*

*Date*

**Please submit to:        Melina De Meneghi Vision Fund  
   c/o Sara Camilleri, Executive Director  
   The Angel Foundation for Learning/CEC**

Approved: \_\_\_\_\_ Yes  Amount: \_\_\_\_\_ No

# **GUIDELINES FOR REQUESTING FUNDS FOR THE MELINA DE MENEGHI VISION FUND**

Please submit your request on the Melina De Meneghi Vision Fund application form and forward to Sara Camilleri, Executive Director, The Angel Foundation for Learning, CEC.

Indicate the optical institution/dispenser to which the cheque should be addressed or if pre-paid by the school, the name of the local school.

The request cannot exceed \$150.00.

Requests for the same student are limited to one request every two years.

Corrective lens must have been prescribed by an optician, optometrist or ophthalmologist. Requests for funding will be reviewed on a first come first served basis. **A total of 16 requests will be approved per school year.**