



Parents Of Autistic Children – Hudson Valley

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POAC-HV

Social/Recreational Program Grant application

Grant Application

Program Name \_\_\_\_\_

Children’s Age groups serving \_\_\_\_\_

Diagnosis of children serving \_\_\_\_\_

Program/Applicant’s Address (please include county)

\_\_\_\_\_

\_\_\_\_\_

Phone #

E-mail

\_\_\_\_\_

Program Name ( Checks are made payable to Sponsoring program\*)

\*\*Attach detailed information about program

Please write program name to write on check

\_\_\_\_\_  
(if this is a problem please contact us [Beatrice@hypoac.org](mailto:Beatrice@hypoac.org))

Applicant/contact Name/Number \_\_\_\_\_

Signature of Applicant/Contact \_\_\_\_\_

Amount requesting \_\_\_\_\_

Can apply up to \$2000 per year

Send completed applications to:

POAC-HV C/O

24 Sheafe Rd.

Wappingers Falls, N.Y. 12590

Applications will be reviewed on a quarterly basis.

\* = In some cases exceptions will be made based on need

*POAC-HV is a Division of Autism Directory Service, Inc.*

*Revised 2/18/2011*