

**Application for mini-grant
Carolyn's Causes 2016**

Sponsoring Therapist:

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|---------------|
| Name: |
| E-Mail: |
| Phone Number: |
| Workplace: |

Client/Family:

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|---|
| Name: |
| Address: |
| Phone Number: |
| E-Mail: |
| Disability of the client: |
| Description and goals of what you will use the grant money for: |

Amount requested and a breakdown of how it will be used:

Other: