

## Mount'n Mover Grant Application and Referral Form

In order to be eligible for this grant, you must be willing to let BlueSky Designs share your story, including photos or videos. You must also be willing to talk to BlueSky Designs team in order to determine the components you need.

If you need assistance filling out the application, please contact us at info@blueskydesigns.us

* Required						
* Applicant Name:						
Person to contact (if not the same as abo	ove):					
Relation to the Applicant:						
* Email:	* Pho	* Phone:				
Best way to contact you:	il Text	By phone				
* If I receive a mount I give permission to BlueSky Designs to share my story including photos, and video.  Yes No  I am willing to be contacted by BlueSky Designs to discuss the components necessary for a system.  Yes No						
Referral contact info (if applicable):						
Referred by:	Organizati	on:				
Email:		Phone:				

Why do you want a Mount'n Mover? Please provide your answer in 300 words or less.  When and how did you first learn about the Mount'n Mover?  When and how did you first learn about the Mount'n Mover?  Do you presently have a mount? What kind is it?  What would you use the mount for? (check all that apply)  Speech Device   Laptop   Tablet   Tray   Phone   Camera   Eating   Reading   other:		Applicant info: Please tell us about yourself and why you want a Mount'n Mover.
Do you presently have a mount? What kind is it?  What would you use the mount for? (check all that apply)  Speech Device  Laptop  Tablet  Tray Phone Camera Eating Reading other:	*	Why do you want a Mount'n Mover? Please provide your answer in 300 words or less.
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other:	*	
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		other:
what do you want the mount attached to (check all that apply)	*	What do you want the mount attached to (check all that apply)
🗌 a manual wheelchair 🔲 a power wheelchair 🔲 my bed 🔲 a table 🔠 a walker		a manual wheelchair a power wheelchair my bed a table a walker
How old are you?		

Describe yourself, check all that apply					
Student Work Retired Activist Photographer Artist Mriter Musician					
☐ Gamer ☐ Athlete ☐ Mom or Dad					
other:					
If you are a student, what grade?					
* Tell us about your interests. Share more about what brings you alive, such as your family, community, work, art, and other activities. Please provide your response in 300 words or less.					

Describe your disability or diagnosis and how it at response in 300 words or less.	ffects your ability to access things. Ple	ase provide your
-		
-		
Please return completed for to Mary Kay Walch	mkwalch@blueskydesigns.us	612-724-7002