



Why were you denied or referred to Tobin? (**Attach copies of letters showing proof of denial and referral.**)

**Educational Background**

Are you currently enrolled in school?

Yes

No

If yes, what school/college/university do you attend?

What grade or year of college are you in?

If you attend college please identify your course of study.

**Employment**

Do you work? (circle one)

Yes

No

If yes, where?

If not, do you want to work? (circle one)

Yes

No

If yes, what's your area of interest?



W.E. Tobin Fund for Visual Assistive Technology at the University of Delaware

**What type of technology are you requesting?**

Please list equipment you are requesting (manufacturer name, model, and cost, if known)

Have you had a trial period with this item?            Yes            No

Please describe how assistance will help you continue your education, gain employment, advance in employment, maximize independence at home or in the community, other.

Other information you believe will be helpful:

**Financial Information**

Current Annual Income:

Source of Primary Income:

W.E. Tobin Fund for Visual Assistive Technology at the University of Delaware

Other sources of income (relatives, trusts, rental properties, alimony, child support, etc.) and amounts.	
Address(es) of any non-rental property you own that is not your primary address.	
I give the W.E. Tobin Fund permission to contact other parties that may have information pertinent to my application.	
Applicant Signature	Date:
Parent or Guardian's signature if Applicant is under 18 years of age	Date:

Return the completed form and required attachments to:  
Allison Berdoulay, University of Delaware, 461 Wyoming RD, Newark, DE 19716;  
Email: [aberd@udel.edu](mailto:aberd@udel.edu); 302-831-3632, fax: 302-831-4690

For Office Use Only:

Interview Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:  Yes  No