



Edith Bishel Fund for the Blind and Visually Impaired

The purpose of this fund is to provide care, resources, support, and equipment to the blind and visually impaired of Southeastern Washington (Benton, Franklin, Walla Walla, and Columbia counties), through an application based process.

Eligibility and Guidelines:

- A physician must verify that the applicant has blindness or a visual impairment.
- The applicant must demonstrate financial need.
- The applicant may be required to participate in a phone interview.
- Application does not guarantee funding.
- Applicants are limited to one application per year.

Please send your completed application to:

**3 Rivers Community Foundation
7401 West Hood Place, Suite 140
Kennewick, WA 99336**

Alternatively, you can email your completed application to:

office@3rcf.org

Distributions:

Grant award funds will be distributed directly to the relevant service providers or companies. Grant award funds will be not distributed to individuals.

History:

Founded in 1988 and officially incorporated in 1994, the Edith Bishel Center for the Blind and Visually Impaired operated for 29 years. Following Edith L. Bishel's passing, she bequeathed the land and funds to establish the center. The center closed its doors in 2024. However, 3 Rivers Community Foundation now oversees the Edith Bishel Fund for the Blind and Visually Impaired, ensuring continued access to resources for individuals in the community.



3 Rivers Community Foundation
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Provider Information

Name of Medical Practice:

Name of Provider:

Address:

Phone:

Email:

Patient Information

Name:

Address:

Phone:

Email:

Visual Impairment:

Cost of Procedure/Treatment/Equipment:

Insurance coverage or other funding:

Financial Need/Total Grant Amount Requested:

Provider the Patient is Referred to:

Medical Provider Signature

Date

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Financial Needs

Total number of people in household:

Number of adults in household:

Number of children in household:

Requesting Help With:

☐

Medical Expenses

☐

Security Deposits

☐

Utilities/Service Deposits

☐

Transportation Costs

Are you eligible for Dial-a-Ride services? YES ☐ NO ☐

If yes, what is your Dial-a-Ride ID Number _____

Monthly Income:

☐

\$0 - \$1,000

☐

\$1,000 - \$1,800

☐

\$1,800 - \$2,500

☐

\$2,500 - \$3,200

☐

Over \$3,200

Please describe the need (use additional pages as needed):

If there is a specific circumstance that you would like to be considered, please detail it here. (job loss, homelessness/displacement, loss of work, other expenses, ect...)
