



This form must be submitted by July 15, 2024.

Please complete the following information to request the stipend once your ABLE account is opened:

Your Name

First Name

Last Name

Email Address

Phone Number

Home Address

City

State

Zip Code

Who is this stipend requested for?

Name

Relationship

State ABLE Account Enrollment

Date Opened

Signature

Date

Please return this form to Tom Laign via email at tom.laign@thearcofelpaso.org or through the mail at The Arc of El Paso, PO BOX 221543, El Paso, TX 79913.