



2018 APPLICATION FOR SCHOLARSHIP

The Down Syndrome Resource Group of Western Mass (DSRGWM)

The DSRGWM offers scholarships to its members on a first come/need basis. Each fiscal year funds are budgeted into categories. When the funds are depleted scholarships for that category will end; therefore, it is important that the DSRGWM has a paper trail to keep track of the budget.

- **Recreational Scholarships can be used for individuals with Down syndrome to participate in activities such as camps, organized sports, classes etc.**
- **Educational scholarships can be used for family members to attend local, state, or national conferences, seminars and workshops that address issues pertaining to Down syndrome.**
- **Professional Scholarships can be used for teachers, therapists, and paraprofessionals etc. to attend local, state, or national conferences, seminars and workshops that address issues pertaining to Down syndrome.**

***If you would like to utilize one of our scholarships please fill out the following to the best of your ability, we are here to work with you so please don't hesitate to ask any questions. A star next to an item is information we must have to go forward.**

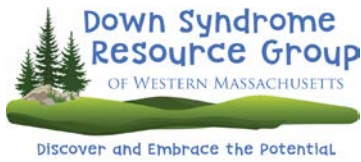
We do ask that you email or send an invoice/bill (to send funds directly to the program, doctor, etc.) or a receipt to reimburse the scholarship awardees along with the scholarship application.

****Please allow time for approval and reimbursement. This can take 3-5 months depending on the time of year. Please remember we are a volunteer board of mostly parents.**

We will no longer accept invoices/bills/receipts from a third party. We ask that the invoice/bill/receipt be submitted from the family that is requesting the scholarship. We cannot be responsible for invoices/bills/receipts that are not received on time.

Please direct any questions to

Downsyndromewm@yahoo.com



APPLICATION FOR SCHOLARSHIP

The Down Syndrome Resource Group of Western Mass (DSRGWM)

NAME OF PARENT/GUARDIAN:*			
ADDRESS:*			
TELEPHONE:*			
EMAIL ADDRESS:			
ADDRESS:*			
CITY/STATE/ZIP:*			
APPLICANT NAME:*			

FUNDING REQUEST

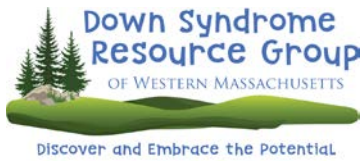
FUNDS REQUESTED:*	\$		
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CHECK THE CATEGORY WHICH BEST DESCRIBES THE TYPE OF FUNDING, REQUESTED:

<input type="checkbox"/>	RECREATIONAL (MEMBERS OF DSRG)	<input type="checkbox"/>	PROFESSIONAL (TEACHER, THERAPIST, PARAPROFESSIONAL ETC.)	<input type="checkbox"/>	
<input type="checkbox"/>	EDUCATIONAL (MEMBERS OF DSRG)	<input type="checkbox"/>		<input type="checkbox"/>	

BRIEF DESCRIPTION

*Please provide a brief description of the scholarship you are requesting. **



DISCLAIMER AND SIGNATURE:

By signing below, we are stating that the information outlined above is accurate. We realize that funds for financial assistance are limited and that receiving the full amount of funds requested is not guaranteed.

SIGNATURE OF PERSON COMPLETING APPLICATION*

DATE: _____

**SUBMIT COMPLETED APPLICATION WITH ALL REQUIRED DOCUMENTS TO:
downsyndromewm@yahoo.com**

OFFICE USE ONLY:

Time/Date Received: _____ Received by: _____