

Down Syndrome Association of Wisconsin Member Grant Application

The DSAW Member Grant program is available to anyone whose membership in the organization is current and active. Applications must be received no later than 30 days before the request is to be reviewed.

Date of Application: _____

Name(s): _____

Street Address: _____

City, State & Zip: _____

Daytime Phone: _____

E-mail Address: _____

1. Full name of child/person with special needs:

2. Age of child/person with special needs:

3. Your relationship to the child/person with special needs:

4. Activity you are planning to attend or requested service or item (attach any background materials if available): _____
(If conference or class please fill in the information on items 5 and 6. If not, please skip to item 7)
5. Activity date: _____
6. Activity location: _____
7. How will this request benefit the child/person with special needs? _____
8. Have you used the DSAW Member Grant program before? ___ Yes ___ No
If yes, when: _____
9. Have you requested support from any other source? ___ Yes ___ No If
yes, what source(s) _____.
10. Total cost for the conference, program, course, service or item _____
11. Amount you are requesting from the DSAW Member Grant program: _____

We must receive your application at least 30 days prior to the first day of the event. If printing this application, fax or mail the completed application to:

Fax to 414-327-1329

Or mail to:

DSAW Member Grant

Down Syndrome Association of Wisconsin

9401 West Beloit Road, Suite 311

Milwaukee, WI 53227