



The DSAV 2011 Family Grant Application

The Down Syndrome Association of the Valley, in keeping with its mission, will offer \$5000 in family grants to its membership in order to provide assistance with anything that directly improves the quality of life of individuals with Down syndrome. The funding for this grant comes directly from DSAV donations and fundraising. Grants of up to \$500 per family per year will be offered for :

- 1) medical expenses not covered by insurance
- 2) therapies including PT, OT and Speech
- 3) activities such as classes, camps, or organizations open to all children with and without disabilities
- 4) family members to attend conferences, seminars or training sessions that address issues pertinent to Down syndrome

Application Process

-Grants of up to \$500 per family will be available.

-Total amount awarded annually is \$5000 on a first come first serve basis from January 1, 2011 thru December 31, 2011. Grants will be distributed in 2 cycles ending March 31 and September 30. Applications will be accepted January thru March and then again July thru September.

-Family Grants are available to all DSAV members equally with no basis on financial status, color, race, or creed.

-Complete the following form and mail to DSAV 945 Boardman-Canfield Road Suite 12 Boardman, Ohio 44512. To qualify for the first round, applications must be postmarked by **March 31, 2011**.

-Direct any questions to info@dsav.org or 330-726-DSAV (3728)

-An independent grant committee will review all grant applications and determine fund distribution. All recipients will be notified by mail within 30 days after grant deadline each cycle.

-Once determination is made, a letter will be sent to the family notifying them of the decision and if accepted, a check will be mailed to the family made payable to the provider.

-Recipients are asked to provide a picture and a brief paragraph for possible DSAV newsletter/website publication. Families are also requested to contribute 5 hours of volunteer time to DSAV in order to keep programs like this possible.

Complete Application and mail by **March 31, 2011** to:

DSAV

945 Boardman-Canfield Road-suite 12

Boardman, Oh 44512

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

County _____

Home phone _____ Cell phone _____

E-mail _____

Member's Name _____ Date of Birth _____

Activity for which you are seeking funds _____

Dates of Activity _____

Amount Requested \$ _____ (max \$500)

Providers Information:

Check Made Payable to _____

Address _____

City, State, Zip Code _____