

**DSAW Fox Cities Adoption Grant Application**

An adoption grant is available up to the amount of $2000 for qualifying families.

Rules for DSAW

1. The DSAW Board at the state level must vote to approve the expense
2. 2/3 Board approval required to award scholarship
3. The DSAW Fox Cities Board must vote on complete applications
4. Awards are made at the sole discretion of the DSAW Boards
5. Individuals may apply once per adoption
6. Families may request one grant per year, per family
7. Awards are made until the dollars budgeted are exhausted

Requirements for Applicant

1. Must live in the 3 county area that DSAW-Fox Cities serves (Outagamie, Winnebago, Calumet)
2. Must join DSAW-Fox Cities as a supported family
3. The adopted child must have Down syndrome
4. Available for domestic or international adoptions
5. Grant funds payable upon successful completion of court for the adoption

Completed application should be sent to:

Down Syndrome Association of Wisconsin

211 E Franklin St

Appleton, WI 54911

Or submitted electronically to:

 info@dsaw.org with “Adoption Grant” in the subject line

The review period for applications is typically 100 days.



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To complete application, please enclose:

1. This completed DSAW-Fox Cities adoption application
2. Proof of finalized adoption (court decree, new birth certificate, etc)
3. Medical records or other information confirming diagnosis of Down syndrome
4. Proof of adoption related expense in the amount of the grant or greater
	* Agency or attorney fees
	* Travel expenses (airplane, hotel)
	* USCIS fees
	* Paper filing fees (court, apostille)

DSAW POST-SECONDARY EDUCATION SCHOLARSHIP APPLICATION

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are you adopting from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of court for adoption: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an existing DSAW-Fox Cities supported family? \_\_\_\_\_\_\_\_\_\_\_