

**Down Syndrome Association of Wisconsin - Fox Cities
General Supported Family Grant Application (aka “Member
Grant”)**



The grant program is to help enrich the lives of individuals with Down syndrome. Some examples of eligible expenses are: classes, registration fees (sports, visual arts, performing arts), therapeutic equipment, safety equipment (including fences), technological resources (apps), conferences (for parents or individuals), summer camp registrations, and other expenses as approved by the DSAW-Fox Cities advisory board (except where items - such as iPads - fall under the Technology grant)

Each DSAW-Fox Cities supported individual is entitled to apply for one DSAW-Fox Cities’ General grant per calendar year, for each individual with Down syndrome. Each calendar year, grant funds can be applied for up to \$500 total, until the DSAW-Fox Cities budgeted maximum is met.

“DSAW-Fox Cities supported family” is defined as the immediate family/guardian of an individual with Down syndrome that is currently listed on the DSAW-Fox Cities database and residing in Outagamie, Winnebago, or Calumet County. If a family resides outside of these three counties and is not already a supported family of another DSAW chapter, this family must be actively participating (attending DSAW-Fox Cities social events, fundraising for DSAW-Fox Cities, and/or active on the DSAW-Fox Cities Google email group) to be considered a supported family.

Grants are a reimbursement of funds, please supply receipt and where applicable enrollment confirmation.

Enclose:

- Completed DSAW-Fox Cities General Supported Family Grant Application & supporting documents (receipts, registration forms, etc)

Mail to: DSAW-Fox Cities, 526 W. Wisconsin Ave, 2W, Appleton, WI 54911
Or email documents to: dsawfoxcities@dsaw.org

DSAW-Fox Cities parent name: _____

Today’s Date: _____

Street address: _____

City, State, Zip: _____

County of residence: _____

Phone: _____

Email Address: _____

DSAW-Fox Cities Participant name: _____

DSAW-Fox Cities Participant date of birth: _____

Request – please detail what funds are requested for, and how this will benefit the individual with Down syndrome (continue on back, if needed)
