



# Down in the Southland

## Application Form – Educational Program Fund

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Fill in the blanks that apply:**

- 1. I am a member of Down in the Southland with Down syndrome.
- 2. My family member (circle one: son, daughter, other \_\_\_\_\_) is a member of Down in the Southland and has Down syndrome.

Family Member Name: \_\_\_\_\_

- 3. I am a member of Down in the Southland and the guardian/foster parent of a person with Down syndrome.

Family member name: \_\_\_\_\_

**Names and date of birth (DOB) of all family members attending the conference/workshop.**

- 1. \_\_\_\_\_ DOB \_\_\_\_\_ 3. \_\_\_\_\_ DOB \_\_\_\_\_
- 2. \_\_\_\_\_ DOB \_\_\_\_\_ 4. \_\_\_\_\_ DOB \_\_\_\_\_

**Name of conference/workshop you want to attend:** \_\_\_\_\_

Dates \_\_\_\_\_ Location \_\_\_\_\_

Have you used the Educational Program Fund before?  
If so, when \_\_\_\_\_ For what program? \_\_\_\_\_

**Enter amount of financial assistance needed for (maximum received is \$200/person or \$400/family):**

Registration: \$ \_\_\_\_\_

**The following statement must be signed to validate this request:** I am requesting assistance from Down in the Southland, for my child to attend an educational program that he/she would be unable to attend without this support. I promise to use the funds for the stated expenses and submit receipts for all expenditures funded through this grant.

Signature \_\_\_\_\_