

**INDIVIDUAL ASSISTANCE SCHOLARSHIP
2022 Application**

**Alaska Down Syndrome Network
PO Box 241886, Anchorage, AK 99524-1886 (907) 677-6677**



Name of Individual w/ Down Syndrome: _____

Parent/Guardian Name(s): _____ Home Ph: _____

Mailing Address: _____

City, State: _____ Zip Code: _____

E-mail address: _____

Item or Activity: _____

Cost: \$ _____ (Maximum awarded is \$250)

Benefit: _____

Make Check Payable to: _____

(If check is a reimbursement, receipts must be attached showing Item or activity purchase)

Signature of Member/Parent/Guardian

Date

This scholarship may be used for summer camps, sports equipment, lessons, music classes, toddler gym classes, medical bills, nutritional supplements, preschool, therapies, educational materials or activities, specialized clothing needs. This scholarship may also be used to help a parent attend a conference on Down syndrome. It may not be used for general toys or general travel. Unusual requests will be considered by the Board.

Please consider sending photos or stories for our newsletter about your child's experience.

*Please Note: It is good if we can make checks out directly to the business or organization. However, we can reimburse you upon receipt of a fully filled out form **and** a receipt from the organization / business,*

**Forms must be received by December 1st to be considered for 2022; forms received after December 1st will be placed in the following year.*

We will send an email confirming receipt of the form to let you know it has arrived successfully.

For Treasurer's Use Only:

Date Received: _____ Check #: _____ Amount: _____ Date Sent: _____