Enrichment Program Grant Application

Our mission is to help create a community that will be educated, supportive & inclusive of individuals with Down Syndrome.

DATE _____

Child's Name _____ Age_____

Parent/Guardian _____

Home Phone _____ Cell Phone _____ Email _____

Mailing Address _____

County of Residence _____

My child has Down Syndrome Y N

I/We would to like request financial assistance for _____ program

Program contact _____ Phone _____ Email _____

Mailing address _____

Amount requested $ _____ Weekly Bi-Weekly Monthly ONE TIME

Approved payments will be mailed directly to the program contact upon receipt of invoiced service.

Why is participation in this program important to your child's success?

_____

_____

_____

By submitting this application, the parents/guardians do, individually and jointly, release and hold harmless the Western North Carolina Down Syndrome Alliance (WNCDSA), its officers, directors and volunteers from any all claims, actions, demands, costs and other things that arise out of the enrichment program.

I/We understand submission of this application does not guarantee approval for acceptance. As a donor-funded organization, all attempts will be made to honor one's request upon approval by the board of directors of WNCDSA and availability of funds.

Signature

return to: WNCDSA – PO Box 8338 Asheville, NC 28814 or wncdsa@gmail.com

We serve 17 counties in Western North Carolina - Avery, Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.