

New Hampshire Down Syndrome Association

NHDSA GRANTS

Members of the New Hampshire Down Syndrome Association can request a grant for various needs and activities, per person, per year for an individual with Down syndrome. Membership contact information must be current at the time of application. Approval of application is at the discretion of the Grant Committee. Awards will be granted quarterly, but will be limited per quarter.

New Hampshire Down Syndrome Association provides financial assistance for individuals with Down syndrome to participate in extracurricular activities such as: recreational activities (dance, camps, music etc.), extra therapies, educational expenses, educational materials (iPad, iPad apps, reading programs etc.), activities that support inclusion into the community and activities supporting independence of an individual with Down syndrome. We will also provide financial assistance for medical expenses and/or related expenses to a hospital stay not covered by private or state insurances. Grant monies will be sent directly to the program (invoice required), reimbursed with a paid receipt, or where there's a need to purchase a resource, a gift card at the discretion of the Grant Committee.

In order for us to be able to provide all these wonderful services and enable us to do more in the future, we need the support of our members. Volunteering is essential for the growth of NHDSA. There are many areas in which you can help: Winter Carnival, Buddy Walk, and Golf Tournament etc... Please consider giving back so others can receive.

Attached you will find the grant application:

New Hampshire Down Syndrome Association

PO BOX 259, Londonderry, NH 03053
603 475-1589

www.newhampshiredsa.org

Date of application:

Requestor's Name:

Address:

Phone:

Email Address:

Participant's Name:

Participant's DOB and age:

Relationship to the Participant:

Within the last year, did you attend or volunteer at one of our events? Example: the Buddy Walk, Halloween Party, Winter Carnival etc.. If so, which one(s)_____

Would you consider volunteering ___Y ___N If so, can we contact you ___Y ___N

Name of Program or Budget request:

Description of Program or Budget Request:

Explain the reasons for the funding request:

How does this program or budget request benefit the individual with Down syndrome?

Have you received any other funding for this program?

Total Cost:

Approval for any request is at the discretion of the Grant Committee. Only one grant per membership a year, unless otherwise agreed upon by the NHDSA Board of Directors. Please attach your information along with this form.