



Waterloo Regional Down Syndrome Society Therapy Bursary Program Application Form 2020

Parent/Guardian #1 Name: _____

Parent/Guardian #1 Email: _____ Phone: _____

Parent/Guardian #2 Name: _____

Parent/Guardian #2 Email: _____ Phone: _____

Your Child/Adult with DS' Name: _____

Your Child/Adult with DS' Birthdate: _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

What benefit coverage do you have access to? _____

(Include ALL coverage that both parents have access to even if you are not applying for those therapies)

Type		Name of Benefit Provider	Amount of Coverage per year		Name of Benefit Provider	Amount of Coverage per year
Speech	1 st Parent			2 nd Parent		
Music	1 st Parent			2 nd Parent		
Physiotherapy	1 st Parent			2 nd Parent		
Occupational Therapy	1 st Parent			2 nd Parent		

Please indicate which Therapy Bursary you are applying for (check all that apply):

Speech Therapy Music Therapy Physiotherapy Occupational Therapy

I would like to allocate 10% of my funds toward the purchase of apps/software* or other therapies** not included above. I agree to submit a brief summary of how these funds were used and share our experience of any successes, challenges or limitations.

I understand that up to 50% of funds from other bursary areas cannot be allocated to this category. In addition, I understand that if funds are not used in this category, they cannot be transferred to one of the other 4 therapy bursary areas.

*"apps/software" refers to a therapy-type program that can be downloaded on an electronic device for a fee (ie. Geminii, Proloquo2Go, Articulation Games, Handwriting without Tears, etc.)

** "other therapies" refers to a type of therapy not currently listed as options in this application form (ie. ABA, Cranial Therapy, Anat Baniel Method, The Listening Centre, etc.)

Does your child currently receive Government funded therapy services from KidsAbility? Yes No

If yes, please describe the frequency and duration of these sessions?

Speech Therapy:

Physiotherapy:

Occupational Therapy:

Families must log a minimum of 10 WRDSS volunteer hours per year to participate in the bursary program.

Someone from my family will volunteer to assist with the planning/execution of the following: (check 1 or more).

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> GO21 Walk | <input type="checkbox"/> Cooking Classes | <input type="checkbox"/> Christmas Party | <input type="checkbox"/> Picnic |
| <input type="checkbox"/> Evening Speaker Series | <input type="checkbox"/> Bowling Party | <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Spring Mini Conference |
| <input type="checkbox"/> Pizza Pals | <input type="checkbox"/> Website Maintenance | <input type="checkbox"/> Mothers Connection | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Teen Hangouts | <input type="checkbox"/> Other (please explain) | _____ |

For previous year applicants, prior to submitting your application, please be sure to log all your family's volunteer hours for January 1, 2019 to December 31, 2019 online via our membership portal on www.wrdss.ca. Alternatively, you can submit your volunteer hours in written form with your application. This requirement does not apply for first time applicants.

Please send your application to: WRDSS Bursary Program
c/o Alison Senior
31 Robert Simone Way Ayr, ON N0B 1E0

or by email to: alisonmsenior@gmail.com

Deadline for submission: November 1, 2019

Please remember that in order to accept any of the bursaries you have applied for, your family must be willing to provide a minimum of 10 hours per year of volunteering to help plan and execute fundraising and/or social events or help with the delivery of programs. All information on the application remains confidential and is seen only by the Bursary Committee.

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Office Use Only

Date Reviewed: _____

Amounts Granted: _____

Speech Therapy _____

Music Therapy _____

PT _____

OT _____