



# Waterloo Regional Down Syndrome Society Bursary Program Application Form 2017-2018

Your Name: .....

Name of Child with DS: .....

Your Child's Date of Birth: .....

Address: .....

City: ..... Province: ..... Postal Code: .....

Phone: (        ) ..... Email: .....

We are applying for: (check all that apply)

- Speech Language Therapy       Physiotherapy  
 Music Therapy                       Occupational Therapy

Do you have benefit coverage through either parent's place of employment that cover any of the therapies listed below?  Yes  No

Type		Name of Insurance Company	Coverage Amount Per Year		Name of Insurance Company	Coverage Amount Per Year
Speech	1 <sup>st</sup> Parent			2 <sup>nd</sup> Parent		
Music	1 <sup>st</sup> Parent			2 <sup>nd</sup> Parent		
Physiotherapy	1 <sup>st</sup> Parent			2 <sup>nd</sup> Parent		
Occupational Therapy	1 <sup>st</sup> Parent			2 <sup>nd</sup> Parent		

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 .....

Physiotherapy .....

Occupational Therapy .....

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

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Buddy Walk           | <input type="checkbox"/> Cooking Classes              | <input type="checkbox"/> Christmas Party    | <input type="checkbox"/> Picnic                 |
| <input type="checkbox"/> Fall Mini Conference | <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"/> Other (please explain) ..... |   |   |

I agree to keep my WRDSS membership current and renewed by January 31 each year

*Our Volunteer Co-ordinator will be in touch!*

*Prior to submitting your application, please be sure to log all your family's volunteer hours for September 1, 2016 to December 31, 2017 online via our membership portal.*

*Alternatively, you can submit your volunteer hours in written form with your application.*

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

**Deadline for submission: November 1, 2017**

Please remember that in order to accept any of these four bursaries, 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.

**Office Use Only**

Date Reviewed

Amounts Granted:

- |                                 |       |
|---------------------------------|-------|
| <input type="checkbox"/> Speech | ..... |
| <input type="checkbox"/> Music  | ..... |
| <input type="checkbox"/> PT     | ..... |
| <input type="checkbox"/> OT     | ..... |

