



Grant Application

For Office Use Only:

Amount Approved: _____

Date: _____ Ck # _____

Date: _____

Name of Individual with Down Syndrome: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Amount Requested: _____ Date needed by: _____

Funds Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please describe what the funds will be used for and how they will promote forward progress of the individual with Down Syndrome(attach sheets as necessary):

Have you requested funds from other sources: Yes No

What sources have you requested funds from:

I would like to be contacted about volunteering with Central PA Down Syndrome Awareness Group.

Signature: _____ Date: _____

Mail application to: Central PA Down Syndrome Awareness Group

175 Briarwood Lane Carlisle, PA 17015 Phone: 717.218.0242 cpadsag@comcast.net

CPADSAG limits grant approval to one grant per individual per year, grant submission does not guarantee approval. Effective October 1, 2011 medical documentation of a Down syndrome diagnosis is required for grant processing. Due to geographical limitations we can only consider applicants that reside in the Pennsylvanian counties of Cumberland, Perry, Dauphin, York, Adams, or Franklin. The Central PA Down Syndrome Awareness Group is a 501(c)(3) nonprofit organization and acknowledges that no goods or services were provided to you in return for your contribution. A letter will be sent acknowledging your gift. Please keep for tax purposes. The official registration and financial information of the Central PA Down Syndrome Awareness Group may be obtained from the PA Dept. of State by calling toll free within PA, 1-800-732-0999. Registration does not imply endorsement.



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Signature (Parent/Guardian): _____ Date: _____

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