



Bursary Application Form

Personal Information

Your Name: _____

Address _____

Phone _____ email _____

Name of person with Down syndrome: _____ Age _____

Relationship to you: _____

Are they financially dependent on or live with you: _____

Are you a current member of the Down syndrome Association of Hamilton? _____

Bursaries are funded from April 1-March 31. Receipts need to be received by DSAH treasurer no later than March 31st to be considered for bursary funding for the year.

While reimbursement from receipts is the ideal form for bursary funding, it can be arranged for payment to be made with an invoice with receipts forwarded to DSAH immediately after purchase or payment. Payment is only made to the family or caregiver applying for bursary assistance. DSAH will not pay service providers directly.

While not mandatory the Executive Board would welcome and encourage bursary recipients to consider volunteering their time with DSAH at our events throughout the year.



We are applying for:

Physical Therapy

Speech and language Therapy

Occupational Therapy

Other therapy or service (please specify)

Technological or assistive device (please specify) _____

Other (please specify) _____

Has a therapist, teacher or doctor recommended the use of the service or device? Please provide details

If not, what are your goals accessing these services or devices?

Applicant Signature _____ Date _____

June 2015