



Walk for Our Buddies

Supporting Individuals with Down Syndrome & Their Families

Walk for Our Buddies Family Grant Application

Dear Applicant

Thank you for applying for a grant from Walk for Our Buddies.

Please ensure that you read this cover letter along with our terms & conditions before completing your application. The Board does review and update the criteria for awarding grand from time to time.

Walk for Our Buddies is a 501c3 non-profit that raises funds for unmet financial needs of children who have Down syndrome and their families living in Bradford and Sullivan Counties, as well as adjacent counties, in Pennsylvania.

Please ensure that you complete all sections as accurately as possible.

Walk for Our Buddies reserves the right to retain the information provided by you on this form and compare it to future grant applications.

If you would like to discuss your eligibility or have any questions with regards to your application or the funding process, please call email walkforourbuddies@tspt.biz.

Thank you for your application.

Walk for Our Buddies

Walk for Our Buddies Family Grant Application: Terms and Conditions

- Grants will only be awarded to benefit individuals with Down syndrome and their immediate family residing in Bradford or Sullivan Counties in Pennsylvania. If funds allow, grants may also be funded for those residing in counties adjacent to Bradford and Sullivan Counties.
- Applications may be made for a broad range of goods and services including, but not limited to medical travel and educational expenses, respite care, summer camp, Rainbow Riders, adaptive tricycles, special strollers, adapting a vehicle, music, art and recreation therapies, swings, wedges and sensory items.
- Applicants must have exhausted all other sources of funding and the Board will refer applicants to alternate funding sources when they are available.
- Grants are capped at \$500, but may address more than one need or to fulfill part of a need. For example one could request funding for a swing, a stroller and summer camp as long as the total is \$500 or less. Or one could request funding for \$500 towards the total cost of something, such as a fence for safety or a hotel stay for a medical procedure.
- If a grant application is approved, grantees will be expected to provide receipts or other proof of the use of the funds awarded.
- There is a 6-month waiting period between applications in the name of any one individual with Down syndrome.
- Replies shall be made to applicants within **30 days of receipt.**
- Grant applications are presented to the Board to be voted on anonymously, with no information identifying the applicant.
- There are no application deadlines! Apply anytime!
- Please mail your completed application to:

Walk for Our Buddies
P.O. Box 42
Wysox, PA 18854

Walk for Our Buddies Family Grant Application Form

1. About the individual with Down syndrome (Referred to as "Applicant" from here on)

First Name:	Last Name:	
Known as (if different from above):		
Age:	Date of Birth:	Male/Female (circle one)
Address: _____		
County of Residence:		
Phone (if applicable)		
Email (if applicable)		

2. About the individual completing this application (if different)

First Name:	Last Name:	
Known as (if different from above):		
Address: (if different) _____		
Phone (if different)		
Email (if different)		
Relationship to Applicant:		

For Office Use Only:			
Application ID Number:			
Date Application Received:			
Date Presented to Board:			
Outcome (x one):	Funded	Denied	Returned for More Info
Date Funded (if applicable)			
Reason for Denial (if applicable)			

3. About the grant: (Please complete all sections.)

Please describe the funding need (include reason needed, retailer info, product numbers, if applicable)	
Total Funds Requested:	\$

Describe how you have tried to fund this (Please include any denial letters if applicable)

Please note the application cannot be processed unless signed and dated by the Applicant or the Applicant's guardian if applicable. Should you need more space for any of the questions, please attach additional sheets of paper. Please feel free to add a cover letter or note if you'd like.

Declaration: I confirm the information on this form is correct and complete to the best of my knowledge.

Signed:

Date:

Applicant or Guardian