

The Down Syndrome Resource Foundation (DSRF) is pleased to provide the Children & Youth Bursary Program to assist families with the cost of DSRF programs.

The Bursary Program was originally established by DSRF Board Director, George Klukas, who believes financial difficulties should not be a barrier for families to access DSRF's programs. The program is made possible by the continued support of Mr. Klukas, other major donors, and the Triple-21 Bursary Program which directs 21% of funds donated by individuals and corporations who participate in the monthly giving campaign directly to bursaries.

Please review guidelines thoroughly prior to completing and submitting your application.

Eligibility:

1. Child must be 18 years of age or younger as of the date of the application;
2. Child must be a resident of British Columbia for a minimum of 3 months;
3. Child must have a diagnosis of Down syndrome;
4. Child must be a registered student or client of a DSRF program;
5. Applicant (or applicant family) accounts with DSRF must be current. Those with accounts in arrears are ineligible to receive bursaries.
6. Total household gross income must be no greater than \$100,000.

Submit your application two weeks prior to program registration.

You may submit your application in person at 1409 Sperling Avenue, Burnaby, by email to info@dsrf.org, or by fax to (604) 431-9248.

Your application package **MUST** include the following:

1. Bursary Application Form (*fully completed and signed*); and
2. A CRA Notice of Assessment (*Canada Revenue Agency personal income tax assessment or for non-Canadian reporting, a similar, non-alterable government notice of tax assessment*) for **each and every** household income earner including the DSRF student.

Optionally, you may also include a letter in support of your child, their need and your family's situation.

*****Please keep a copy of your completed application form and attached documents for your records.***

*****Incomplete application packages will be returned, therefore delaying the decision process.***

Bursary Regulations

Please read carefully

1. The bursary amount is determined by individual circumstance.
2. All bursaries will be used to subsidize ***DSRF program fees only*** and will expire at the completion of the program block.
3. Eligibility will depend on overall financial means, the individual needs of the family, family composition, as well as the amount of funding available.
4. Applications for bursaries for programs will be considered on a case-by-case basis.
5. All decisions will be made at the sole discretion of the Down Syndrome Resource Foundation (DSRF) and DSRF accepts no liability in such regard.
6. All approval notifications will be via email.

**IMPORTANT: This form is meant to be completed electronically.
Save a copy of this form to your computer before completing.**

The personal information collected on this form will be used for the purposes of determining DSRF Bursary eligibility and will be treated confidentially in compliance with the BC Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure should be directed to the Chief Executive Officer of the Down Syndrome Resource Foundation, (604) 444-3773, 1409 Sperling Avenue, Burnaby, BC V5B 4J8

To BE COMPLETED BY PARENT OR GUARDIAN

LAST NAME OF STUDENT	FIRST NAME OF STUDENT	DATE OF BIRTH (YYYY/MM/DD)
PROGRAM TITLE	PROGRAM Period	
NAME OF PARENT(S)/GUARDIAN(S)	DAYTIME PHONE	EVENING PHONE
EMAIL ADDRESS		
ADDRESS	CITY	POSTAL CODE

ELIGIBILITY

- A.** Resident of British Columbia for **a minimum** of 3 months? YES NO
- B.** Does your student have a diagnosis of Down syndrome? YES NO
- C.** Attached CRA Notices of Assessment (*or for non-Canadian documentation, a similar, non-alterable government notice of tax assessment*) for each family member? YES NO
- D.** Signature of Parent / Guardian (at end of application). YES NO

HOUSEHOLD MEMBERS (Starting with yourself, please list all persons who normally reside in your home.)

First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____
First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____
First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____
First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____
First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____
First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____
First Name: _____	Age: _____	Relationship: _____	Gross Income: \$ _____



Financial Disclosure

Amounts may be estimated to the nearest \$1,000.

Other Income Sources

Child Disability Benefit (Annual Amount)	\$
Canada Child Benefit (Annual Amount)	\$
BC Early Childhood Tax benefit (Annual Amount)	\$

Assets

Home	\$
Other properties	\$
Automobiles	\$
Other vehicles	\$
Stocks, bonds and term deposits	\$
Any other assets (including savings accounts)	\$

Liabilities

Mortgage	\$
Line of credit balance	\$
Credit cards balance	\$
Any other liabilities	\$



Please initial each true statement and then sign and date your application below.

- I understand that the DSRF Bursary Program is intended to assist families facing financial difficulties due to limited income, funds and/or financial support. _____
INITIAL
- I understand that any information I provide in relation to this application will be used by the Down Syndrome Research Foundation to determine my family's financial need and my child's eligibility for bursaries. _____
INITIAL
- I understand that I am required to disclose all family income, funds or financial support including that from sources outside of Canada. I understand that failure to do so will result in rejection of this application and make me ineligible for future bursary applications. _____
INITIAL
- My child lives at home with me and I am the parent/legal guardian. If not, please clarify:

INITIAL
- My child is a resident of BC and has a legal right to reside permanently in Canada. _____
INITIAL
- My child does NOT receive any other form of funding, private or public, related to the specific program for which I am seeking DSRF support. This includes Autism, At-Home and Variety funding. _____
INITIAL
- I agree to inform the DSRF Finance & Administration Manager if my child becomes eligible for other forms of funding within the timeline and program specified above. _____
INITIAL
- I consent to the release of information contained in and attached to this application to members of DSRF who are responsible for fund allocation. _____
INITIAL
- I will inform the DSRF Finance & Administration Manager of any changes in any of the information provided in this application as soon as it occurs. _____
INITIAL

Signature (Parent/Guardian): _____

Date of Submission (yyyy/mm/dd): _____

Down Syndrome Resource
Foundation
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Burnaby, BC V5B 4J6
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F: 604-431-9248
E: info@dsrf.org

