



The Down Syndrome Resource Foundation (DSRF) is pleased to provide financial support for families in need due to emergencies or crisis with the costs associated with DSRF services and programs.

Our financial assistance program was established because we believe financial difficulties should not be a barrier for families to access DSRF's essential services and programs. This financial support is made possible by donors, including those in the Triple-21 donation program that directs 21% of funds donated by individuals and corporations who support this monthly giving campaign directly to bursaries. Bursaries continue to be the main form of DSRF's financial assistance for families.

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

Eligibility:

1. Individual must be a resident of British Columbia for a minimum of 3 months;
2. Individual must have a diagnosis of Down syndrome;
3. Applicant (or applicant family) accounts with DSRF must be current. Those with accounts in arrears are ineligible to receive financial assistance.
4. Total household gross income must be no greater than \$125,000.

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

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

1. Financial Assistance Application Form (*fully completed and signed*); and
2. **CURRENT** employment income verification details for **each and every** household adult income earner.

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.*

Financial Assistance Regulations

Please read carefully

1. All financial support must be used to subsidize ***DSRF service and program fees only*** and will expire as indicated in your award notification.
2. Eligibility will depend on overall financial means, the individual needs of the family, family composition, as well as the amount of funding available.
3. Applications for financial assistance is considered on a case-by-case basis.
4. All decisions are at the sole discretion of the Down Syndrome Resource Foundation.
5. All approval notifications are done via email.



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)	\$
Other Income Sources (including family support)	\$

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's financial assistance 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 Resource 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 may make me ineligible for current or future financial assistance. _____
INITIAL
- The individual lives at home with me and I am the parent/legal guardian. If not, please clarify:

INITIAL
- The individual is a resident of BC and has a legal right to reside permanently in Canada. _____
INITIAL
- The individual does NOT receive any other form of funding, private or public, related to the specific program or service for which I am seeking DSRF support. (This includes Autism, At-Home and Variety funding.) _____
INITIAL
- I agree to inform the DSRF if the individual becomes eligible for other forms of funding within the timeline and program or service for which I am receiving financial assistance. _____
INITIAL
- I consent to the release of information contained in and attached to this application to staff who are responsible for administering DSRF's financial assistance program. _____
INITIAL
- I will inform the DSRF 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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F: 604-431-9248
E: bursaries@dsrf.org