



The Down Syndrome Resource Foundation (DSRF) provides general financial support for individuals (children & youth and adults) to assist those in need 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 individuals 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.

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

Eligibility:

1. The individual must be a resident of British Columbia for a minimum of 3 months;
2. The individual must have a diagnosis of Down syndrome;
3. The applicant (or applicant family) account with DSRF must be current. Those with accounts in arrears are ineligible to receive financial assistance.
4. Total household gross income from **ALL SOURCES** 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.

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

1. Financial Assistance 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 adult income earner.

Optionally, you may also include a letter in support of the individual, their need and the 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 Requirements

Please read carefully

1. All financial support may only be used to subsidize ***DSRF service and program fees*** 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 are 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 (Part 2)

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

Other Income Sources

Child (or Other) Disability Benefit (Annual Amount)	\$
Canada Child Benefit (Annual Amount)	\$
BC Early Childhood Tax benefit (Annual Amount)	\$
Other Income Sources (including family support)	\$



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 individuals and 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 the individual's eligibility for financial assistance. _____
INITIAL
- I understand that I am required to disclose all 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
1409 Sperling Avenue
Burnaby, BC V5B 4J6
P: 604-444-3773
F: 604-431-9248
E: bursaries@dsrf.org