



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 is especially true when a family finds itself in an emergency situation. This emergency 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. 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 from **ALL SOURCES** must be no greater than \$125,000.

You may submit your application in person at 1409 Sperling Avenue, Burnaby or by email to

**bursaries@dsrf.org**. Your application package **MUST** include the following:

1. Financial Assistance Application Form (*fully completed and signed*); and
2. **CURRENT** employment income verification documentation for **each and every** household adult income earner.
3. A written statement that details the nature of the emergency 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 may only be used to subsidize ***DSRF service and program fees*** and will expire as indicated in your award notification.
2. Funding will depend on overall family financial means, the individual needs of the family, family composition, as well as the amount of funding available.
3. Applications for emergency 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.

*The personal information collected on this form will be used for the purposes of determining DSRF financial assistance 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*

**IMPORTANT: If requesting assistance for more than one program or service, please submit separate application forms for each.**

LAST NAME OF STUDENT	FIRST NAME OF STUDENT	DATE OF BIRTH (YYYY/MM/DD)
PROGRAM or Service (One service per application)		
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 the individual have a diagnosis of Down syndrome? YES  NO
- C. **Current** income documentation for 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.) Include income for all adult household members. Income declarations must be confirmed with require income verification documents noted above.

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

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



## Financial Disclosure (Part 2)

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)	\$

### Funding From Other Sources

(Approved for the DSRF programs and/or services you are requesting financial assistance for)

At Home Program

Autism Funding

Variety

Other (please indicate)

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

- I understand that the DSRF's emergency financial assistance is intended to assist individuals and families facing financial difficulties due unexpected or sudden 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 financial need and 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
  
- If the individual receives any other form of funding, private or public, related to the specific program or service for which I am seeking DSRF support, I have declared this in the Financial Disclosure - Part 2. (This includes Autism, At-Home and Variety funding.) \_\_\_\_\_  
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: \_\_\_\_\_

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