



Piedmont Down Syndrome Support Network Scholarship Request Form

It is the intent of the PDSSN, to the extent the budget and policies allow, to support conference scholarships to active and registered members of the organization. Mail completed form to the PDSSN Board Chair.

Member: _____ Submitting Date: _____

Email address: _____ Phone # _____

Category of Request: (please circle – national or local)

National Conference (\$1500 limit)

Local Conference (\$500 for local)

Name of Conference: _____

Sponsoring agency: _____

Date of conference: _____

Location of conference: _____

Number of family members registering for the conference: _____

Estimated expenses for attendee (s): _____

How will the family member with Down syndrome benefit?

What other resources have you pursued for this assistance?

What you have done for the PDSSN over the past 2 years:

Estimated hours you have worked for the PDSSN in the last 2 years. _____

Board Action: ____ approved ____ not approved ____ deferred _____

Date: _____

Signed: _____