

**Green River Area Down Syndrome Association**  
**Education/Conference Fund**  
Rev. 5/12/08

**Purpose**

- To encourage individuals with Down syndrome, their families, and GRADSA leadership to attend and learn from educational conferences and other educational opportunities.

**How can the funds be used?**

- Funds may be used to assist with registration, transportation, lodging and food.

**Who Can Apply?**

- An individual with Down syndrome.
- A parent or legal guardian of an individual with Down syndrome.
- An immediate family member of someone with Down syndrome.
- GRADSA Leadership

**How Do I Apply?**

- Submit the completed application form to GRADSA, P.O. Box 2031, Owensboro, KY 42302, or by email at [info@gradsa.org](mailto:info@gradsa.org). Approval of grants will be on a first-come, first-served basis with priority given to self-advocates and first-time attendees. All applications are subject to the availability of funds.

**How Much Can I Apply For?**

- Up to \$500 per family per year for local, state, or regional conferences.
- Up to \$500 per person or \$1,000 per family per year for national conferences
- Note: Please consider other funding sources in addition to GRADSA, such as scholarships from national organizations and the Consumer Involvement Fund (<http://chfs.ky.gov/kcdd/cif.htm>) or 1-877-367-5332.

**When Do I Get My Money?**

- GRADSA will only reimburse for actual expenses incurred. Please send proof of registration and we will reimburse you for the registration fees. For other expenses, you will need to submit your original receipts within 30 days after you return from the conference. In addition, we ask that you submit a summary of the information learned at the workshop. (Note: If you must cancel, please notify GRADSA immediately so that we can recoup as much of the registration fee as possible.)

**Questions?**

- If you have any questions, please call (270) 771-4945 or e-mail [info@gradsa.org](mailto:info@gradsa.org).

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Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_ I am a person with Down syndrome.      \_\_\_\_ I am the parent or guardian of a person with Down syndrome.

\_\_\_\_ I am a sibling of a person with Down syndrome.      \_\_\_\_ I serve on the board of GRADSA.

Title of program/conference: \_\_\_\_\_

Have you attended this meeting or conference before?  Yes  No

Financial assistance is requested for:

Registration                      \$ \_\_\_\_\_                      Hotel                                      \$ \_\_\_\_\_

Food (\$25/per person/day) \$ \_\_\_\_\_                      Transportation                      \$ \_\_\_\_\_  
(Airline ticket or fuel receipts)

TOTAL REQUEST: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_