

Funding Assistance Application



Please fill in all of the information below.

Grant application form should be mailed to:
 NCKDSS, 703 E 7th, Concordia, KS 66901, nckdownsyndromesociety@yahoo.cc

Contact Information

Name	
Street Address	
City ST ZIP Code	
County	
Home Phone	
Work Phone	
E-Mail Address	
Name of Individual with Down Syndrome	

_____ Family Grant _____ Educational Grant _____ Medical Grant

Amount Requested

Date Fund's Requested by

Description of Request

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	