



Down Syndrome Family Support and Advocacy Group  
Mini Grant Application

Today's Date: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_ (\$200 maximum limit)

Name of Member  
with Down Syndrome: \_\_\_\_\_

Name of Parent/Caregiver: \_\_\_\_\_

Address: \_\_\_\_\_

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

Brief description of service, educational materials or event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of service, event, purchase: \_\_\_\_\_

Please attached copy of receipt(s) and mail to: DSFSAG Mini Grant  
51201 Old Cottage Drive  
Granger, IN 46530

Please note you must live in the Michiana area. Members are eligible to submit only one application per year. You may combine receipts. Receipts submitted must be for the current calendar year.

There are a limited number of grants. All mini grant requests will be subject to approval by the Board. Grants will be awarded on a reimbursement basis only. If a family has more than one member with Down syndrome, they may apply for one grant for each person with Down syndrome. In the event a grant is not awarded, the request does not roll over to the next year.