

Grant Application

For Office	Use Only:
Amount A	Approved:
Date:	Ck #

e:	
State:	Zip:
	eded by:
State:	Zip:
sed for and how t	they will promote forward progress of the ry):
ources: Yes N	No
from:	
olunteering with	Central PA Down Syndrome Awareness Group
	Date:
	State: Date need State: Date need for and how sheets as necessary purces: Yes I from:

Mail application to: Central PA Down Syndrome Awareness Group

175 Briarwood Lane Carlisle, PA 17015 Phone: 717.609.1440 cpadsag@comcast.net

CPADSAG limits grant approval to one grant per individual per year, grant submission does not guarantee approval. Effective October 1, 2011 medical documentation of a Down syndrome diagnosis is required for grant processing. Due to geographical limitations we can only consider applicants that reside in the Pennsylvanian counties of Cumberland, Perry, Dauphin, York, Adams, or Franklin. The Central PA Down Syndrome Awareness Group is a 501(c)(3)nonprofit organization and acknowledges that no goods or services were provided to you in return for your contribution. A letter will be sent acknowledging your gift. Please keep for tax purposes. The official registration and financial information of the Central PA Down Syndrome Awareness Group may be obtained from the PA Dept. of State by calling toll free within PA, 1-800-732-0999. Registration does not imply endorsement.



Grant Application

Signature (Parent/Guardian):	 Date:

Mail application to: Central PA Down Syndrome Awareness Group

175 Briarwood Lane Carlisle, PA 17015 Phone: 717.609.1440 cpadsag@comcast.net