

DSAG Policy for Obtaining Conference Scholarship Funding

The Conference Scholarship Fund of the Down Syndrome Awareness Group of East TN (DSAG) was designed to assist members who wish to attend conferences of subject matter that would be informative and useful to them and/or their family.

To qualify for the available funding, an applicant must be a **current member of DSAG** (Dues current at time of scholarship being submitted) and reside in one of the following East Tennessee counties: Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Hancock, Hawkins, Jefferson, Knox, Loudon, McMinn, Morgan, Roane, Scott, Sevier or Union. *You may submit only **one** application per year (12-month period) for a Therapeutic/Recreational **or** Conference Scholarship. Funding will be available on a first-come, first-serve basis. Once the funding has been exhausted, no additional funding will be available until the following fiscal year, contingent upon available proceeds. Priority will be given to those applicants who have a financial need for assistance and have not applied and received proceeds in the previous year. Consideration will also be given to whether an applicant is receiving funding from other sources for the particular request. No prepayment of funds will be allowed.

DSAG members are eligible to apply for funding to attend local, regional, state and national conferences whose subject matter is relevant to Down syndrome and will impact the individual with Ds and their family. Funding is limited to \$200/family each year. Interested persons must complete a DSAG Conference Scholarship Application Form and **return the application to the DSAG Executive Director no less than three (3) weeks prior to the conference date**. Applicants will be required to share information concerning their experience via an agreed upon format (i.e. article for newsletter, lead age appropriate discussion group, act as DSAG resource for specific topic, etc.)

Funds may be used for conference registration and will be distributed on a reimbursement basis. **Evidence of expenses (receipts) must be submitted prior to funds being distributed. Receipts received later than one (1) month after date of conference will be denied and funds returned to the Conference Scholarship budget.**

Requests for conferences in exotic locations (outside the continental United States) will not be approved. Individuals shall make all arrangements relating to transportation, lodging, registration and so forth, themselves.

Waiver Clause: These rules shall be interpreted in a flexible manner to accomplish the purpose of this fund. To that end, applications shall be considered on a case-by-case basis.

****Applicant and their spouse are not eligible for funding to attend the same conference.**

DOWN SYNDROME AWARENESS GROUP OF EAST TENNESSEE

CONFERENCE SCHOLARSHIP FUND APPLICATION

DATE SUBMITTED: _____

APPLICANT'S NAME (individual with Ds): _____ AGE: _____

PARENT/LEGAL GUARDIAN OF APPLICANT (if applicable): _____

ADDRESS: _____

DAYTIME PHONE: _____ E-MAIL ADDRESS: _____

TITLE OF CONFERENCE YOU ARE REQUESTING FUNDS TO ATTEND:

CONFERENCE DATE: _____ CONFERENCE LOCATION: _____

HAVE YOU ATTENDED THIS CONFERENCE BEFORE? YES ____ NO ____

WHY WOULD YOU LIKE TO ATTEND THIS CONFERENCE?

ESTIMATED AMOUNT/COST FOR CONFERENCE: \$ _____

OTHER SOURCES OF FUNDING PURSUED AND AMOUNT: _____

(REMINDER: DSAG DOES NOT PAY THE APPLICANT DIRECTLY, BUT WILL REIMBURSE THE APPLICANT WITH CORRECT DOCUMENTATION)

DATE BY WHICH FUNDS ARE NEEDED: _____

HAVE YOU APPLIED FOR A DSAG SCHOLARSHIP SINCE JANUARY 1ST OF THIS YEAR? YES OR NO

AMOUNT REQUESTED (Maximum \$200)? _____

ALL APPLICANTS MUST SIGN THIS STATEMENT

IF I AM APPROVED FOR FUNDING, I AGREE TO SUBMIT RECEIPTS FOR ALL EXPENSES I WISH TO RECEIVE REIMBURSEMENT FOR, A COPY OF THE CONFERENCE PROGRAM (or Session description), AND A BRIEF REPORT. Signature: _____

Mail (or scan and email) this form and a copy of your conference agenda within three weeks of the conference to: DSAG, PO Box 53575, Knoxville, TN 37950 or email to info@dsagtn.org

If you have questions, call/text or email: Angie Holbert at 865.202.8867 or info@dsagtn.org

PLEASE DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

DSAG dues paid: ___/___/___ Last Scholarship pd/approved: ___/___/___ Denial reason: _____
Approval date-_____ Board minutes-_____ Paid amount \$_____ Check Number _____