



# *Central Mississippi Down Syndrome Society*

## *CONFIDENTIAL INFORMATION FOR CONSIDERATION OF FINANCIAL AID ONLY*

### **Application for Summer FUNd Grant Program**

Financial aid may be applied to camp/program tuition only. The amount given is based on financial need. The total financial aid which CMDSS has available each year is limited and not all requests can be honored. No person shall be excluded because of race, religion or national origin.

Max amount of grant is \$200.00

**Registration as a member of CMDSS is necessary before the financial aid application can be considered.**

Information on the application form is confidential and will be used to assess financial need only. Completed financial aid forms should be submitted to:

Mail: CMDSS  
Attn: SUMMER FUNd Grant Program  
PO Box 935  
Jackson, MS 39205

Scan/Email: [grants@cmdss.org](mailto:grants@cmdss.org)

Financial aid for the CMDSS SUMMER FUNd grant program is made possible with the dedication and support of the CMDSS Board of Directors, as well as local businesses and supporters of CMDSS.

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Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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

Name and description of the activity you wish to attend (if available, please attach brochures or other literature that describe the activity):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates \_\_\_\_\_ Location \_\_\_\_\_

Have you attended this activity before?     Yes     No

Active members receive preference.

In what CMDSS activities have you participated in the past?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (please initial) I certify the applicant has Down syndrome.



I certify that the above information is true and correct to the best of my knowledge.  
CMDSS may verify the information on this application by requesting official  
documentation.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date \_\_\_\_\_