

**STIPEND APPLICATION/AGREEMENT**

**DOWN SYNDROME ASSOCIATION OF GREATER NEW ORLEANS (DSAGNO)**

Individuals with Down syndrome and their family members are eligible for stipends to attend conferences focusing on Down syndrome issues. Please complete this form in its entirety, then save it and email to shenry@dsagno.org.

Print Name: \_\_\_\_\_

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

Print City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Individual Requesting Stipends is:

\_\_\_\_\_ Individual w/DS Name of Individual: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Parent of Individual w/DS

Please Describe the Benefits of this conference (use the back of this form if needed)

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

Name of  
Event: \_\_\_\_\_

Location of  
Event: \_\_\_\_\_

Date of Event:  
\_\_\_\_\_

Please list the names of all in your family who will be attending this event:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_