



## York Area Down Syndrome Association Mack Madness Grant Application

*In memory of McKenzie Schneider*, York Area Down Syndrome Association has started a family grant program. Family grants can be used to provide assistance for anything that directly improves the quality of life of individuals with Down syndrome. York Area Down Syndrome Association will award funds directly from donations given from Mack Madness in honor of McKenzie Schneider. **Grants of up to \$500 per family will be offered for:**

1. Medical expenses not covered by insurance
2. All therapies for example PT, OT and Speech, not covered by insurance or family driven money
3. Family members to attend conferences, seminars or training sessions that address issues pertinent to Down syndrome

### Application Process

- Grants will be available with a maximum of \$500 per family per 12 months. We encourage all families to apply but we ask you use allotted family driven funds prior to applying for a grant.
- Total amount awarded annually will be based on availability of funds donated from Mack Madness.
- Family grants will be available to all York Area Down Syndrome Association members equally with no basis on financial status, race or creed.
- Complete the following form and mail to YADSA, 1720 Rainbow Circle, York PA 17408.
- Direct all questions to [yadsagroup@gmail.com](mailto:yadsagroup@gmail.com) or call Theresa 495-0084.
- Your grant application will be review and funds distribution within 30 days. All recipients will be notified by e-mail or mail.
- A check will be mailed to the family made payable to the provider. YADSA will need a receipt from provider for tax records.
- Families are requested to contribute 5 hours of volunteer time to YADSA.

Complete applications and mail to:  
YADSA  
1720 Rainbow Circle  
York, PA 17408

**Grant Application**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Childs Name Receiving Service \_\_\_\_\_

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

Activity for which you are seeking funds \_\_\_\_\_

Dates of Activity \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ (max of \$500 per 12 months)

**Providers Information:**

Check made payable to \_\_\_\_\_

Address \_\_\_\_\_

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