



Enrichment Grant Application

The Down Syndrome Network of West Virginia (DSNWW) has funds available for its members to participate in activities that will enhance their quality of life and promote social, economic, and physiological well-being. Applications are accepted year-round and subject to approval by the Board of Directors. A final decision will be provided by email or mail within 30 days. If you have not received notification in this time, or if you have any questions please call our Executive Director Ashley Orndorff at (304) 545-6613.

Name of person filling out form: _____

Name of person with Down syndrome (if different): _____

Address: _____

Phone: _____

Email: _____

Amount **Requested:** _____ **Total Cost of Program:** _____

Brief description of what funds will be used for (*please attach supporting documentation/information*): _____

Have you previously applied for funds from DSNWW: yes no

Have you previously been awarded funds from DSNWW: yes no

If approved, payment is preferred to be submitted directly to the vendor, if applicable. Please provide information of where to send payment:

Name of Vendor: _____

Address: _____

Phone: _____

Please complete this form in its entirety and submit by mail to **PO Box 7102, Cross Lanes, WV 25356** or email dsnwwinfo@gmail.com.

For assistance completing this form, please email dsnwwinfo@gmail.com or call (304)545-6613