

## ***STUDENT SUPPORT GRANT PK-12***

**Name of Grant:** HOIDSA Student Support Grant

**Purpose and Eligibility:** The purpose of the grant is to purchase classroom supplies that will enhance the educational experience of a PK-12 student with Down syndrome. **An educator may apply for funds to purchase materials and supplies that will directly benefit the student with Down syndrome.** Educator must have at least one student with Down syndrome on their classroom roster. *Grants are limited to schools that serve families that reside within HOIDSA's service area in Central Illinois.*

**Donor:** Heart of Illinois Down Syndrome Association (HOIDSA)

**Amount:** Up to \$250 per student with Down syndrome - limited to ONE grant per school for each student with Down syndrome

**Background:** The Heart of Illinois Down Syndrome Association, Inc. (HOIDSA) is a local support group of parent volunteers funded through donations and fundraising activities. We formed in the 1980's and were established as a 501(c)(3) organization in 2003. We operate under the oversight of a Board of Directors consisting of 8-13 members.

**HOIDSA Goals:**

- To offer support and information to help families adjust to the special needs of a child with Down syndrome
- To promote public awareness and increased understanding of Down syndrome
- To help improve the quality of life of individuals with Down syndrome
- To integrate persons with Down syndrome into all aspects of educational and community life
- To serve as advocates for ALL

**Application Packet:**

1. Complete entry form
2. A letter written by the applicant that addresses the following topics:
  - Describe your teaching experience including grade level, subject area(s), and number of years teaching.
  - Describe how you plan to use the grant funds. Discuss how the materials/supplies will be used in the classroom and how they will directly benefit your student with Down syndrome.
3. A list of materials you are requesting.
  - If you are mailing your application to HOIDSA, please include the vendor name, item name, item number, quantity desired, and price for each item.
  - Alternatively, for faster processing please provide: product name, price, and an online link to each product and then submit your application packet by email to the email address listed below.
  - We will be using our tax exempt number, so please list the prices without adding tax. **The total price of all items requested may not exceed \$250.**

**Additional Information:** If you are awarded a Student Support grant, HOIDSA will order the materials submitted on your application and have them shipped directly to your school. **Please be sure you include the correct mailing address for your school.**

**Deadline:** Submit completed application packet to HOIDSA's mailing address. If you wish to make your submission by email, please send your completed application packet to [christys0328@gmail.com](mailto:christys0328@gmail.com). Incomplete applications will not be considered. ***Grant applications will be reviewed and awarded in the order they are received until the grant budget is exhausted.*** All submissions must be received no later than December 10, 2017.

**Mission:** Improving the quality of life of persons with Down syndrome by providing support, advocacy and educational opportunities to those individuals, their families, and community advocates.

**Vision:** Impacting the community by empowering members, expanding partnerships and promoting awareness through focused and responsive growth.

***STUDENT SUPPORT GRANT  
ENTRY FORM PK-12***

Applicant's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

School and District: \_\_\_\_\_

Principal's Name and Email: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Number of Years Teaching: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Please list the name and address of the student with Down syndrome (must be in your class)**

Student Name: \_\_\_\_\_

Parent(s): \_\_\_\_\_

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

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