

c/o Bethel Lutheran Church • 325 E. Queenwood Road • Morton, Illinois 61550 • 309-363-3125

## **STUDENT SUPPORT STIPEND PK-12**

Name of Grant: HOIDSA Student Support Stipend

Purpose and Eligibility: The purpose of the stipend 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. Stipends are limited to schools that serve families that reside within HOIDSA's service area in Central Illinois (Peoria, Marshall, Tazewell, and Woodford counties). All materials will follow student as appropriate, then should go to another student with special needs.

Donor: Heart of Illinois Down Syndrome Association (HOIDSA) Amount: Up to \$250 per student with Down syndrome - limited to ONE stipend 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.

## **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 Process:

- 1. Thoroughly complete entry form below, and either mail to HOIDSA's mailing address or email to <a href="mailto:dianna.shoemaker@yahoo.com">dianna.shoemaker@yahoo.com</a>. Incomplete applications will not be considered.
- 2. Applications will be reviewed by the board and applicants will be contacted directly to let them know they have been awarded a Student Support Stipend. Note Applications will be reviewed and awarded in the order they are received until the stipend budget is exhausted.
- 3. Applicants may then proceed with purchasing the materials/supplies per their application, and then submit a list of items purchased with totals plus receipts to HOIDSA via mail or email.
- 4. HOIDSA will then mail a check directly to the applicant to reimburse them for their purchases (up to \$250 per student with Down syndrome).
- 5. Deadline: All submissions must be received no later than December 10<sup>th</sup>.



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## STUDENT SUPPORT STIPEND APPLICATION PK-12

Applicant's Name:
JobTitle:
School and District:
Principal's Name and Email:
School Mailing Address:
School Phone:
Applicant's Email Address:
Number of Years Teaching: Grade Level:
Describe your Teaching Experience including grade levels / subject areas:
Please list the name and address of the student with Down syndrome (must be in your class
Student Name:
Parent(s):Address:
Describe how you plan to use the stipend funds. Discuss how the materials/supplies will be used in the classroom and how they will directly benefit your student with Down syndrome.

h these stipend funds will follow student special needs? (type/write YES)
ts for all supplies/materials purchased in
Date

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.