

Adoption Assistance Application

Please read the Adoption Assistance Guidelines thoroughly before completing this application.

- At the time of application submission, the child must already be born.
- Every question must be answered for the application to be complete.
- Applications are accepted any time and are reviewed on a first come, first serve basis.

The Down Syndrome Association of West Michigan has established an Adoption Assistance Fund for DSAWM members who are planning to adopt an individual with Down syndrome. The intent of this money is to help families pay for court fees associated with adopting a child. Payment will be made directly to the adoptive parent(s) at the conclusion of the adoption process. Assistance of up to \$1,500 per family may be approved.

To qualify for funding, an applicant must meet the following requirements:

- Live in the DSAWM service area
- Be a current year voting member

Please complete all information and submit a scanned copy, including additional documents, to info@dsawm.org or mail to the address below:

DSAWM
Attn: Financial Assistance Committee
160 68th St. SW
Suite 110
Grand Rapids, MI 49545

Applications can also be submitted online at dsawm.org.



Adoption Assistance Application

Applicant Information

Name of child with DS (if known): _____ Child's DOB: _____
 Last First M.I.

Parent/Guardian: _____ Date of Application: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

 City State ZIP Code

Phone: _____ Email: _____

County: _____

Adoption Agency Name: _____

Agency Contact Person: _____

Agency Phone Number: _____

Agency Email Address: _____

Financial Information

Amount requested: \$ _____ (Not to exceed \$1,500)

Will any other program cover any portion of the costs associated with this request? YES NO

Additional Information

Please attach the following documentation:

- Proof of fees
- Letter of recommendation from one (1) unrelated individual

Please explain how this scholarship would benefit the applicant and your family. Attach an additional page if needed.

Agreement & Signature

This application was completed by (print): _____

Relationship to applicant: _____

I certify that my answers are true and complete to the best of my knowledge. If a scholarship is awarded, I agree to use the funds for the need specified in the application. Additionally, within 1 year of receiving funds, I will provide a statement of impact to DSAWM expressing how the funds impacted the applicant.

Signature: _____ Date: _____