The Down Syndrome Association of Greater New Orleans

Conference Stipend Application
Must be a current member in good standing in order to apply
Deadline for application is February 15, 2014

Name	
Mailing Address	
City, State, Zip	
Day Phone	
Night Phone	
Email	

Name of Conference	
Date of Conference	
City and State of Conference	

Expense	Amount	Approved (for office use)
*Registration Fee		
*Air Fare		
*Other Transportation		
*Hotel		
*Other		
*Receipts are Required		
Total Requested		

STIPEND GUIDELINES

1. I/We have spent _______ hours on DSAGNO projects and/or events (including Buddy Walk). Provide a listing of all activities/duties you performed for DSAGNO. Ex: I/We were one of the top 5 fund raisers for BW and/or I/We were one of the top 5 teams for BW.

2. Proof of registration (no late fees or membership fees will be paid with the stipend) must be provided before any stipend checks will be issued. Full stipends will not be available – only enough to cover basic expenses up to and not exceeding your approved stipend for 2014. Per Diem allowance of $30 a day will be covered.

3. Stipend will be considered based on IMMEDIATE family attending conference (parent and child/children only) or Adult Self Advocate who should have an active role in DSAGNO.

4. Eligible recipient will be prioritized based on involvement with DSAGNO.

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Conference Stipend Application

Must be a current member and in good standing in order to apply

I am requesting a stipend to attend the ______________________________ ________________________________ Conference in _________________________ on ______________________, 201___. I agree that I will attend the event as outlined in my request, and return to The Down Syndrome Association of Greater New Orleans (DSAGNO) *all needed receipts.* If for any reason I am unable to attend the event after DSAGNO has approved for any of the above, it is my responsibility to call DSAGNO at 504-259-6201 to inform them of cancellation. Any funds made payable to me would then need to be returned promptly to DSAGNO. I also agree to informally present at a DSAGNO general membership meeting the information I receive along with other parents attending the conference to parents who could not attend within 6 months.

I hereby agree to the approved amount and specified guidelines. I also agree to return a signed copy of this request to the Down Syndrome Assn. of Greater New Orleans, P.O. Box 23453, New Orleans, Louisiana 70183-3453.

________________________________ __________________________

Signature Date

________________________________ __________________________

Signature Date

________________________________ __________________________

Signature Date

________________________________ __________________________

Signature Date