



**Waterloo Wellington
Down Syndrome Society**

Waterloo Wellington Down Syndrome Society Therapy Bursary Program Application Form 2026

Parent/Guardian #1 Name: _____

Parent/Guardian #1 Email: _____ Phone: _____

Parent/Guardian #2 Name: _____

Parent/Guardian #2 Email: _____ Phone: _____

Name of your Child/Adult with DS: _____

Birthdate of your Child/Adult with DS: _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

What benefit coverage do you have access to?

(Include ALL coverage that both parents have access to even if you are not applying for those therapies)

Type		Name of Benefit Provider	Amount of Coverage per year		Name of Benefit Provider	Amount of Coverage per year
Speech	1 st Parent			2 nd Parent		
Music	1 st Parent			2 nd Parent		
Physiotherapy	1 st Parent			2 nd Parent		
Occupational Therapy	1 st Parent			2 nd Parent		

Please indicate which Therapy Bursary you are applying for (check all that apply):

☐ Speech Therapy ☐ Music Therapy ☐ Physiotherapy ☐ Occupational Therapy

☐ I would like to allocate 10% of my funds toward the purchase of apps/software* or other therapies** not included above. I agree to submit a brief summary of how these funds were used and share our experience of any successes, challenges or limitations.

I understand that up to 50% of funds from other bursary areas cannot be allocated to this category. In addition, I understand that if funds are not used in this category, they cannot be transferred to one of the other 4 therapy bursary areas.

*"apps/software" refers to a therapy-type program that can be downloaded on an electronic device for a fee (ie. Geminii, Proloquo2Go, Articulation Games, Handwriting without Tears, etc.)

** "other therapies" refers to a type of therapy not currently listed as options in this application form (ie. ABA, Cranial Therapy, Anataniel Method, The Listening Centre, etc.)

By accepting any of the therapy bursaries, families agree to complete 10 hours of volunteer work for WWDSS during the current calendar year. These hours are separate from/in addition to volunteer hours requirements for other bursary programs.

Someone from my family will volunteer to assist with the planning/execution of the following: (check 1 or more).

- | | | |
|---|--|--|
| ☐ Adult Social Groups - The Office | ☐ SEAC | ☐ DSAO |
| ☐ Bowling Party | ☐ Summer Picnic | ☐ Golf Tournament |
| ☐ Bursaries | ☐ Treasurer (Finance related) | ☐ Social Media & Public Relations |
| ☐ Calendar | ☐ Volunteer Coordination | ☐ Spring Annual General Meeting |
| ☐ CDSS | ☐ Writing Thank You Cards/Letters | ☐ Teen Social Groups |
| ☐ Housekeeping/Locker | ☐ WWDSS Summer School Camp | ☐ Website Maintenance |
| ☐ Mini-Conference | ☐ Any Which Way You Can A-Thon | ☐ World Down Syndrome Day |
| ☐ Mom & Dad Events | ☐ Board of Directors | ☐ New Parent Connection
(previously Mother's Connection) |
| ☐ New Parent Contact | ☐ Christmas Party | ☐ WWDSS Mailings
(Stuffing Envelopes, etc.) |
| ☐ Newsletter | ☐ Cooking Classes | ☐ Other (please explain) |
| ☐ Pizza Pals | ☐ Database Maintenance | |

For previous year applicants, prior to submitting your application, please be sure to log all your family's volunteer hours for January 1, 2025 to December 31, 2025 online via our membership portal on www.wwdss.ca. Alternatively, you can submit your volunteer hours in written form with your application. This requirement does not apply for first time applicants.

Please submit your application by visiting www.wwdss.ca>Programs>Therapy Bursary, or send your application to:

WWDSS Bursary Program
c/o Alison Senior
31 Robert Simone Way Ayr, ON N0B 1E0

or by email to: alisonmsenior@gmail.com

Deadline for submission: November 1, 2025

Please remember that in order to accept any of the bursaries you have applied for, your family must be willing to provide a minimum of 10 hours per year of volunteering to help plan and execute fundraising and/or social events or help with the delivery of programs. All information on the application remains confidential and is seen only by the Bursary Committee.