Waterloo Wellington Down Syndrome Society

# Therapy Bursary Application Form 2027

**Application Eligibility:** Member of WWDSS for a minimum of 1 calendar year. **Submission Deadline:** November 30, 2026

## 1. APPLICANT & FAMILY INFORMATION

**Parent/Guardian #1 Name:** _____ **Phone:** _____

**Parent/Guardian #1 Email:** _____

**Parent/Guardian #2 Name:** _____ **Phone:** _____

**Parent/Guardian #2 Email:** _____

**Name of Child/Adult with DS:** _____ **Birthdate (DD/MM/YYYY):** _____

**Home Address:** _____

**City / Prov / Postal Code:** _____

## 2. EXISTING BENEFIT & FUNDING COVERAGE

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

| Therapy Type | 1st Parent Coverage | Amount / Yr | 2nd Parent Coverage | Amount / Yr | Additional Govt Funding |
|---|---|---|---|---|---|
| **Speech** | | $ | | $ | $ |
| **Music** | | $ | | $ | $ |
| **Physiotherapy** | | $ | | $ | $ |
| **Occupational Therapy** | | $ | | $ | $ |
| **Other (specify):** | | $ | | $ | $ |

## 3. BURSARY SELECTION & ALLOCATION

**Indicate which Therapy Bursary you are applying for (check all that apply):**

- ☐ Speech Therapy
- ☐ Music Therapy
- ☐ Physiotherapy
- ☐ Occupational Therapy

☐ **10% Special Allocation Request:** 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.

**"apps/software" refers to therapy programs downloaded on an electronic device (e.g. Geminii, Proloquo2Go, Articulation Games, Handwriting without Tears, etc.)*
***"other therapies" refers to therapies not listed above (e.g. ABA, Cranial Therapy, Anat Baniel Method, The Listening Centre, Vision, etc.)*

## 4. ESTIMATED 2027 THERAPY EXPENSES

**How do I calculate my projected expenses?**
*Example:* Your child attends Speech Therapy every other week through the year at $75 per session.
Number of sessions per year: 52 ÷ 2 = 26 sessions. Calculation: 26 sessions × $75 = **$1,950**.

| Therapy Type | Estimated Total Cost for 2027 Therapy |
|---|---|
| Speech Therapy | $ |
| Music Therapy | $ |
| Physiotherapy | $ |
| Occupational Therapy | $ |

If your family requires assistance estimating projected therapy expenses, please contact: **Alison Senior** (Email: alisonmsenior@gmail.com | Phone: 519-239-7953).

## 5. HOUSEHOLD INCOME (OPTIONAL)

**NOTE:** This section is optional and will be used only to assist the Bursary Committee in allocating available funds. Responses will remain strictly confidential. Providing this information is voluntary. Families who provide this information may receive additional weighting consideration during the bursary review process. *No specific income amount is requested or recorded.*

**Is your total gross household income below $75,000 per year?** ☐ Yes ☐ No

## 6. GOVERNMENT FUNDED THERAPY (KIDSABILITY)

**Does your child currently receive Government funded therapy services from KidsAbility?** ☐ Yes ☐ No

If yes, please describe the frequency and duration of these sessions:

**Speech Therapy:**

**Physiotherapy:**

**Occupational Therapy:**

## 7. WWDSS FAMILY VOLUNTEER COMMITMENT

Families must log a minimum of **10 WWDSS volunteer hours per year** to participate in the bursary program. Someone from my family will volunteer to assist with the planning/execution of the following (check 1 or more):

- ☐ Cooking Classes
- ☐ SEAC
- ☐ Mini Conference
- ☐ World Down Syndrome Day
- ☐ WWDSS Calendar
- ☐ Newsletter
- ☐ Board of Directors
- ☐ Any Which Way You Can A-Thon
- ☐ Holiday Party
- ☐ Bowling Party
- ☐ Pizza Pals
- ☐ Adult Social Groups (The Office)
- ☐ Housekeeping / Locker
- ☐ Mailings (Stuffing Envelopes)
- ☐ Writing Thank You Cards
- ☐ Summer Picnic
- ☐ Golf Tournament
- ☐ Mom & Dad Events
- ☐ WWDSS Summer Camp
- ☐ Website Maintenance
- ☐ Parent Connection
- ☐ Teen Social Groups

**Other (please explain):**

*For previous year applicants, prior to submitting your application, please log all your family's volunteer hours for Jan 1, 2026 – Dec 31, 2026 online via our portal at **www.wwdss.ca** or submit in written form with your application. (Does not apply to first-time applicants.)*

**Submit application online:** www.wwdss.ca > Programs > Therapy Bursary
**By Mail:** WWDSS Bursary Program c/o Alison Senior, 31 Robert Simone Way Ayr, ON N0B 1E0
**By Email:** alisonmsenior@gmail.com

**Deadline: Nov 30, 2026**