

Parent/Guardian signature

Passport Funding Preparation Bursary for Members Ages 16 to 17

Self-Advocate Name:					
Parent/Guardian Name:					
Address (Street, City, Postal Code):					
Home Phone / Cell Phone:					
Email:					
Self-Advocate Date of Birth:					
What benefit coverage do you have access to?					
Туре	Name of Benefit Provider	Amount of Coverage Per Year		Name of Benefit Provider	Amount of Coverage Per Year
Psychology, Psychiatry		_	2nd Parent		
I have been a WWDSS member and agree to keep it current at al Volunteer Obligation Volunteering is a requirement for exclusive of other bursaries we off Adult Social Groups - The Composition Bowling Party Bursaries Calendar CDSS	ry. Below are opportur pportunity that you ha EAC Immer Picnic easurer (Finance rela blunteer Coordination	(please init	for volunteering. This of other bursary appl DSAO Golf Tournamen Social Media & Spring Annual C	s bursary is mutually ication this year. It Public Relations General Meeting ups	
Mini-Conference An Mom & Dad Events Bo New Parent Contact Ch Newsletter Co				Website Maintenance World Down Syndrome Day New Parent Connection (previously Mother's Connection) WWDSS Mailings (Stuffing Envelopes, etc.) Other (please explain) details. Should the event(s) picked not	