

PWSA-MI

Policy: **General Assistance Fund**

Purpose: PWSA-MI. strives to assist in improving the quality of life for a child or adult with Prader-Willi syndrome (PWS). This fund provides financial assistance to help meet the unique needs of these individuals and their families.

Who is Eligible to apply?

Eligibility is based on financial need of the person with PWS. Financial need being equal, the second consideration would be given to those who could benefit most from the use of these funds.

1. Any person with PWS who resides in the State of MI.
2. The person with PWS or the caregiver or a family member of the person with PWS must be a member of the state chapter of the PWSA-MI.

What can the funds be used for?

General assistance funds may be used for PWS camp scholarships; furthering the education of parents by assisting with expenses of attending the PWSA (USA) national conference, the Michigan regional conference, etc. All items funded are at the sole discretion of the PWSA of Michigan Board.

Method of Publishing Fund Availability

Through the PWSA-MI State Office; on the PWSA-MI. web site at www.pwsami.org, PWSA-MI Facebook

Method of Applying

Complete and submit an application form to the State Office of PWSA-MI along with any additional information, which might be helpful. An application form is available on the web site or by calling or writing PWSA-MI. State Office. New applications should be submitted annually. Applicants may only receive assistance through this fund one time per year.

Method of Selection

Applications will be reviewed and selected by the PWSA-MI Board. As mentioned above,

1. The first criteria for selection will be financial need.
2. The second criteria for selection will be the person who can benefit most from the funds.
3. Only one request will be granted each year to one person/family unless an emergent urgent situation exists.
4. Consideration will be made for new applicants. Previous recipients will also be considered.

Information Needed for Application for funds

Please refer to General Assistance application attached

Confidentiality

Names of applicants and recipients of funds will be kept confidential, except from the Board of PWSA-MI

Funding

The funding of the General Assistance Fund will be determined by the Board of PWSA-MI in the annual budget. Any contributions to the General Assistance Fund can be sent to the state office of PWSA-MI

Awarding of Funds

Applications should be received by the State Office with a minimum of 6-8 weeks to allow for processing, prior to the time the funds will be needed.

The applicant will be notified by a letter, email or phone. Purchases made prior to funding approval may not be reimbursed. After notification of the approval of the funds, PWSA-MI staff will make arrangements with the recipient to secure the services or equipment. PWSA-MI may request that copies of receipts or documentation of how funds were spent be forwarded to the state office.

Return of Funds

In the event that the awarded funds cannot be used for the identified purpose, all awarded funds must be returned within 14 days of the projected date of use unless special repayment arrangements have been made.

Comments

Any questions regarding the use or distribution of these funds can be directed to the Board of PWSA-MI.

APPLICATION FOR GENERAL ASSISTANCE SCHOLARSHIP

Prader-Willi Syndrome
Association of
Michigan

PURPOSE:

PWSA-MI wishes to provide financial assistance in order for families of a person with PWS to help meet the unique needs of these individuals and their Families.

ELIGIBILITY:

Eligibility is based on financial need. Financial need being equal, the second consideration would be given to those who could benefit most from funds (respite intervention or personal/behavioral issues that need to be addressed).

1. Any person with PWS who resides in the state of MI.
2. The person with PWS or the caregiver or a family member of the person with PWS must be a member of the state chapter of the PWSA-MI.

Date of request_____

Name of person w/ PWS:_____ Sex_____

DOB:_____

Address_____

City_____ State_____ Zipcode_____

Is individual, family member or caregiver a member of PWSA-MI ? _____ Yes _____ No

Does individual reside in MI ? _____ Yes _____ No

Parent/guardian:_____

Home Phone _____ Work phone:_____ Cell phone:_____

Parent/guardian's employer:_____

Current position_____

Employer's address:

Dates at present job: _____

Gross annual income: (select one) _____ < \$15,000; _____ \$15,000 - \$29, 000;

_____ \$30,000 - \$41,000; _____ \$42,000 - \$59,000; _____ \$60,000 - \$119,000;

_____ over \$120,000

Average monthly amounts of other income: (Please specify sources, ie. SSI, SSDI, MA, CIP)

Specific dates funds are needed by: _____

Amount requested: _____

What will funds be used for? _____

Why would this scholarship be helpful to you?

How will funds improve the quality of life for the individual with PWS? (Financial need, need for respite, etc.)

I certify that all of the information given above is true and correct. I understand that any false or incomplete statements in this application may make this application ineligible for funding. I authorize verification of any of the above information.

Signature:

Return this application by: _____

Send to: Dewey Graves
310 Broad St.
Michigan Center, MI. 49254

or

pwsa.mi@gmail.com