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 https://www.pwsausa.org/michigan-chapter, 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

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:

________________________________________________________
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: __________________________________________________________________

Date: __________________________

Send to: Christina Ramsey
2620 Hawley Rd
Leslie, MI 49251
or
pwsa.mi@gmail.com