



## B.U.D.S Conference/Workshop Fee for 2021

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**B.U.D.S will offer reimbursements of up to \$250.00 to each family with a Family member with Down Syndrome, the registration fee only for Conferences/Workshops annually (January - December 2020), as determined by the Board Members of B.U.D.S.**

**To qualify for the available funding, you must do at least ONE of the following:**

- 1. Attend at least 3 board meetings.**
- 2. Volunteer, for a minimum of 3 hours, for BUDs. Examples would be helping with the Buddy Walk, organize family activities, coordinate Moms' nights or Dads' nights, etc.**
- 3. Bring in at least \$500 in sponsorships for the Buddy Walk.**

**Members that are eligible need to submit this application (one per calendar year (maximum \$250.00) along with the receipt of the Conference/Workshop. Once the Mini-Grant budget has been exhausted, no additional funding will be available until the following year, contingent on available funding. Priority will be given to those applicants who have not applied and received funding earlier in the year.**

**Payment will be in the form of either reimbursement, with proof of payment being submitted to a B.U.D.S Board Member, or proceeds being forwarded directly to the provider of the service.**

**If you have a question about whether a resource, service, or activity qualifies please email: [budsboard@budsonline.org](mailto:budsboard@budsonline.org)**

2021 B.U.D.S Conference/Workshop Application

Date submitted: \_\_\_\_\_  
Applicant's name: \_\_\_\_\_  
Name of Down Syndrome family member: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number:(Home) \_\_\_\_\_(Cell) \_\_\_\_\_  
Email address (if available) \_\_\_\_\_

Name of Conference/Workshop attending and Amount/cost:  
\$ \_\_\_\_\_

Date by which funds are needed: \_\_\_\_\_

Vendor's name & address: \_\_\_\_\_  
(\*if paying direct) \_\_\_\_\_

*Reminder: B.U.D.S does not pay the applicant directly, but will either reimburse the applicant (with appropriate receipts or will forward any approved funds directly to the provider.*

\*\*\*\*\* Please attach receipt(s) if this is a reimbursement \*\*\*\*\*

Upon approval, please make payment to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Permission to publicize individual's use of 2021 Conference/Workshop funding?    YES    NO

\_\_\_\_\_  
(Signature of applicant or parent/legal guardian)

Please mail to:  
B.U.D.S  
P.O. Box 1913  
Madison, AL 35758  
Or, if preferred, email Board BUDS (budsboard@budsonline.org)

