



F.R.I.E.N.D.S.

DOWN SYNDROME SPECIAL NEEDS

DMI Intensive Therapy Scholarship Application Form

Applicant Information

Parent/Guardian Name: _____

Relationship to Child: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Child Information

Child's Name: _____

Date of Birth: _____

Diagnosis/Condition: _____

Has your child previously received DMI therapy? Yes No

If yes, where and when? _____

Financial Information

(This information helps determine financial need.)

Household Annual Income: <\$30,000 \$30,000-\$50,000 \$50,000-\$75,000 \$75,000+

Number of Dependents in Household: _____

FRIENDS Membership Requirement

Are you an active member of FRIENDS? Yes No

List at least two FRIENDS programs attended within the past year:

1. _____

2. _____

Please attach a brief essay (250–500 words) addressing the following:

- Your child's journey and current therapy needs.
- How DMI therapy will benefit your child.
- Any additional information you'd like to share about your family's situation.



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Therapist or Healthcare Provider Recommendation

Attach a letter from your child's therapist or healthcare provider recommending DMI therapy.

Agreement & Acknowledgment

By signing below, I certify that all information provided in this application is accurate and truthful. I understand that:

- Scholarships are awarded based on financial need, eligibility criteria met, and the impact DMI therapy will have on my child.
- Funds will be paid directly to the therapy provider, Family First Therapy, INC.
- I must ensure my child maintains at least **95% attendance** for the intensive therapy sessions, or my family will be ineligible for future scholarships unless a valid reason is provided.
- The intensive program runs for one to two consecutive weeks, with 1.5-hour sessions held five days per week, based on the child's needs.

Parent/Guardian Signature: _____

Date: _____

Submission Instructions

Please submit this application along with all required documents by **March 31, 2025** to:

Email: a.odom@friendssupport.org

Mailing Address: 12704 Barrett Drive Tampa, FL 33624

Thank you for applying for the DMI Intensive Therapy Scholarship. Applicants will be notified of award decisions **April 20, 2025**.