



Prader-Willi Syndrome
Association of
Wisconsin, Inc.

2701 N. Alexander St.
Appleton, WI 54911

Office: 866-797-2947

APPLICATION FOR GENERAL ASSISTANCE SCHOLARSHIP

PURPOSE:

PWSA of WI, Inc. wishes to provide financial assistance for families of an individual with PWS to help meet the unique needs of these individuals and their families.

ELIGIBILITY:

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 attendance (respite intervention or personal/behavioral issues that need to be addressed).

1. Any person with PWS who resides in the state of WI.
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 of WI, Inc.

Date of request _____

Name of person w/ PWS: _____ Sex _____ Birth date _____

Address _____ City _____ State _____ Zipcode _____

Phone (_____) _____ Does individual reside in WI? ____ Yes ____ No

Contact person _____ Phone (_____) _____

Is individual, family member or caregiver a member of PWSA of WI, Inc.? ____ Yes ____ No

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.) Use reverse side or attach additional paper if needed.

Return this application by: _____

Send to: PWSA of WI, Inc.
2701 N. Alexander St.
Appleton, WI 54911