



# 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.



### **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, 2026** to:

**Email:** a.odom@friendssupport.org

**Mailing Address:** 12704 Barrett Drive Tampa, FL 33624

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Thank you for applying for the DMI Intensive Therapy Scholarship. Applicants will be notified of award decisions **April 20, 2026**.