



2016 Family Scholarship Application

Please indicate "n/a" if information requested is not applicable.

PERSONAL INFORMATION:

(Please type or print clearly.)

Name _____
(last) (first) (middle initial)

Address (as it would appear for mailing purposes)

Telephone _____ Email _____

Name and Address (if different from above) of Parent or Guardian

Name and relationship of family member with Down syndrome (or Self) _____

SCHOOL INFORMATION:

High School Attends/ed _____

Graduation Date _____ (month/year)

College/University/
Vo-Tech School Applicant
Attends or Plans To Attend _____

Have you been accepted? Yes No

Is this school a 4-year College/University Community College Vo-Tech Other _____

Year in postsecondary program during coming school year Undergraduate _____ Graduate _____

Student will Live on campus Live off campus Commute Other

Be enrolled Less than half-time Half-time Full-time

Anticipated date of graduation from post secondary program _____ (month/year)

Major field of study applicant plans to pursue _____

Profession in which student aspires to work _____

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year:

Name of Award	Amount	<input checked="" type="checkbox"/> Granted	<input checked="" type="checkbox"/> Pending

➔ **High school seniors and students who have completed less than one full semester of post-secondary education** must include a high school transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks _____ in a class of _____. Cumulative grade point average _____/4.0 scale.

School Official's Signature Title Date Telephone

School Address City State Zip

OR

➔ **Students currently enrolled in college/university/vocational-technical school** must include most recent transcript of grades.

2016 ESSAY TOPIC:

All applicants must submit an essay. The essay should be typed, double spaced, 12 point font and one page in length.

Essay Topic: What do you see as the greatest barrier to community employment for people with Down syndrome and what action would you suggest to break down that barrier?

EXTRACURRICULAR ACTIVITIES:

List activities in which you have participated during the past four years (i.e. student government, music, sports) including school and community activities and employment. (Attach a separate sheet of paper if necessary.)

School and Community Activities and/or Employment	Total Hours Over 4 Years	Awards/Recognition/Honors Associated With This Activity

Have you ever volunteered for DSACO? Yes No If yes, please explain below.

DSACO Activity	Total Hours

REFERENCES:

All applicants must submit two (2) letters of reference. List reference contact information below.

Name of Reference	Relationship to You	Title	Telephone

Application packages must be received **no later than February 19, 2016.**

Send to: DSACO
Attn: Scholarship Committee
510 East North Broadway
Columbus, Ohio 43214