

# 2016 Family Scholarship Application

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

(Please type or print clearly.)

Name			
	(last)	(first)	(middle initial)
Address (as	it would appear for m	ailing purposes)	
Telephone		Email	
Name and A	ddress (if different fro	om above) of Parent or Guardian	
	elationship of family n Down syndrome		
SCHOOL IN	IFORMATION:		
High School	Attends/ed		
Graduation D	Date	(month/year)	
	ool Applicant		
Have you be	en accepted? 🗌 Yes	No	

Is this school a	a 🗌 4-year College/University 🗌 Community College 🔲 Vo-Tech 🗌 Other _	
Year in postsec	condary 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 dat	te of graduation from post secondary program	(month/year)
Major field of s	study applicant plans to pursue	
Profession in w	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	☑ Granted	☑ 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.

### 2015 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:

## 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.
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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 postmarked **no later than February 21, 2015**. Send to: DSACO Attn: Scholarship Committee

510 East North Broadway Columbus, Ohio 43214