



DSACO Conference Scholarship Application Form

Please type or print clearly.

Name: _____

Address: _____

City, State, Zip: _____ County: _____

Phone: _____ E-mail: _____

Check one:

- I am a person with Down syndrome.
- I am a parent of a person with Down syndrome.
- I am an immediate family member of a person with Down syndrome.

Title of conference you are requesting funds to attend: _____

Conference Date: _____ Conference Location: _____

Conference Sponsor: _____

Have you attended this conference before? Yes ____ No ____

Why do you want to attend this conference? _____

Have you applied for DSACO conference funds before? Yes ____ No ____

If yes, when? _____ What event was request for? _____

All applicants must sign this statement.

If I am approved for funding, I agree to turn in receipts for all expenses I hope to receive reimbursement for, a copy of the conference program, and a brief report.

Signature: _____

**Mail this form and a copy of your conference agenda at least three weeks prior to the conference to:
DSACO, Attn: Conference Scholarship, 510 E. North Broadway, Columbus, OH 43214**

If you have questions, contact: Marge Barnheiser, (614) 263-6020 or e-mail at info@dsaco.net.