



Recreation Scholarship Program Application

Please review the DSACO Recreation Scholarship Guidelines prior to submitting your request.

Please print clearly or type

Participant's Name: _____ Birth date: / / mm/dd/yy

Parent/Guardian's Name: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Phone: () _____ Email: _____

Purpose of requested funding: _____

Cost of activity: _____ **Please attach a copy of the receipt

Begin date of activity: / / mm/dd/yy End date of activity: / / mm/dd/yy

Provider's Name: _____

Provider's Address: _____

Would you recommend this program to other parents? YES NO (circle one) _____

Please explain:

Have you requested funds previously? YES NO (circle one) If yes, when: / / mm/dd/yy

Parent/Guardian Signature: _____

**Participants are eligible to receive up to \$200 annually between January 1 – December 31. Please call the DSACO office at (614) 263-6020 if you have any questions regarding your scholarship balance for the current fiscal year. Funds are awarded on a first applied, first accepted basis.

Mail completed application and copy of receipt to:
Down Syndrome Association of Central Ohio
510 E. North Broadway, 4th floor
Columbus, OH 43214