

2024 Post-Secondary Scholarship Application

Please indicate "N/A" if any information requested for application is not applicable.

PERSONAL INFORMATION:

(Please type or print clearly.)

Name:			
(First)	(Middle Initial)	(Last)	
Mailing Address:			
Phone:		_ Email:	
	n Contact Information:		
Name:			
Phone:		_Email:	
Address:			
County of Residen	ce of family member with Dowr	n syndrome:	
County of Residen	ce of Applicant:		
Name and relation	ship of family member with Dov	wn syndrome (or Self):	
SCHOOL INFORM	IATION:	·	
High School:			
Graduation Date (I	month/year):		
College/University	/Vo-Tech School Applicant atte	nds or plans to attend:	
Have you been ac	cepted? Yes No		
Is this school a:			

- 4-year College/University
- Community College



- Vo-Tech
- Other: _____

Education level working towards:

- Undergraduate
- Graduate
- Doctorate
- Other: _____

Student will:

- Live on campus
- Live off campus
- Commute
- Other: _____

Student will be enrolled:

- Full-Time
- Part-Time
- Other: _____

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	Granted	Pending

High school seniors and students who have completed less than one full semester of postsecondary education must include an official high school transcript of grades and have the following section is completed by the appropriate school official.

Applicant ranks _	in a class of	Cumula	tive grade point a	average	/4.0 scale.
-------------------	---------------	--------	--------------------	---------	-------------

School Official's Signature	Title	Date	Telephone
School Address	City	State	Zip

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

2024 ESSAY:

All applicants must submit an essay. The essay should be typed, double spaced, 12-point Times New Roman font and two page maximum.

Please select one of the essay topics:

- DSACO's 2024 Buddy Walk theme was "All INcluded," what does being "All In" for inclusion mean to you and how have you put it into action in your life, specifically as it relates to Down syndrome?
- How has your experience with Down syndrome affected the way you see the world and how will your educational goals impact the Down syndrome community?



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 (if yes, please explain below)
- No

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 by **Wednesday**, **January 31**st, **2024**. Send to: DSACO

Attn: Scholarship Committee 510 East North Broadway, 4th Floor Columbus, Ohio 43214

OR

Email completed application to <u>ecallahan@dsaco.net</u> with subject line: "ATTN: Scholarship Committee" *If submitting an application electronically, applications must be received by* **5 PM Wednesday January 31**st, **2024.**



**Please note: if you are awarded a Post-Secondary Scholarship for 2024, DSACO will need a photo of you and your loved one with Down syndrome to highlight on our social media pages