

2025 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:	
	an Contact Information:	
<u>Name:</u>		
Phone:	Email:	
Address:		
County of Reside	nce of family member with Down syndr	rome:
County of Reside	nce of Applicant:	
Name and relation	onship of family member with Down syr	ndrome (or Self):
SCHOOL INFORM	MATION:	
High School:		
Graduation Date	(month/year):	
College/Universit	:y/Vo-Tech School Applicant attends or p	plans to attend:

Have you been accepted? 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 post-secondary education must include an official 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

Students currently enrolled in college/university/vocational-technical school must

include most recent official transcript of grades.

2025 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 "unstoppABLE," being 'unstoppable' often requires teamwork and community support. How has the support of your family, school, or community helped you remain unstoppable in your journey toward higher education?



• What does being 'unstoppable' mean to you, and how have you demonstrated this quality in your life, particularly in advocating for individuals with Down syndrome or overcoming personal challenges?

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

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 by **Friday, January 31st, 2025.** Send to: DSACO

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

OR

Email completed application to <u>kgarcia@dsaco.net</u> with subject line: "ATTN: Scholarship Committee"

If submitting an application electronically, applications must be received by **5 PM Friday January 3F**^t, **2025**.

***Please note: if you are awarded a Post-Secondary Scholarship for 2025, DSACO will need a photo of you and your loved one with Down syndrome to highlight on our social media pages*