

**DOWN SYNDROME ASSOCIATION OF CENTRAL OHIO
2008 SCHOLARSHIP PROGRAM APPLICATION**

Name _____ Date of Birth _____
(Last) (First) (MI) mm / dd / yy

Permanent Address _____
(Street) (City)

(State) (Zip)

Phone Number (_____) _____ Email _____

Name of parent/guardian _____

Permanent mailing address of parent/guardian (if different from applicant)

(Street) (City) (State) (Zip)

Phone (_____) _____

Name & relationship of family member with Down syndrome _____

High School Attended _____ Graduation Date: _____
mm / dd / yy

Name of Principal or Guidance Counselor _____ Phone _____

Address _____
(Street) (City) (State) (Zip)

College/University/Vo-Tech School Attended _____

Academic Advisor or Counselor _____ Phone _____

College/University/Vo-Tech School Applicant plans on attending _____ Have you been accepted? _____

Address _____
(Street) (City) (State) (Zip)

4-year College/University Community college Vo-Tech Other

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5
Graduate 6

Student will: live on campus live off campus commute Other

Be enrolled: less than half-time half-time or more full-time

Anticipated date of graduation from postsecondary program (if applicable) _____

Major field of study applicant plans to pursue _____

Profession applicant aspires to work in _____

Anticipated educational expense for year:

Tuition \$ _____ Housing \$ _____ Books \$ _____ Other \$ _____ Total \$ _____

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

- 1. High school seniors and students who have completed less than one full semester of postsecondary education must include a high school transcript of grades and have the following sections completed by the appropriate school official.**
- 2. Students currently enrolled in college or vocational-technical school must include recent college or vo-tech transcript of grades.**

Applicant ranks _____ in a class of _____ Cumulative grade point average _____/4.0 scale

School Official's Signature Title Date Phone Number

Address (Street) (City) (State) (Zip) School

2008 ESSAY TOPIC

All applicants must submit an essay. It should be typed, double spaced, 12pt font, one page in length.

Topic: Please share how you might advocate for people with Down syndrome in your chosen career field.

List activities in which you have participated during the past 4 years (i.e. student government, music, sports, etc.) Include School and Community Activities and Employment,

School & Community Activities and/or Employment	Total Hrs over 4 yrs	Special Award/ Recognition /Honors

References

Each applicant must submit two (2) letters of reference. List references contact information.

	<i>Name</i>	<i>Title</i>	<i>Phone</i>
<i>Family/Relative</i>			
<i>Academic Advisor</i>			