2026 Post-Secondary Scholarship Application

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

PERSONAL INFORMATION

Applicant Contact Information

Full Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Parent or Guardian Contact Information

Full Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Name of family member with Down syndrome (or Self):

_____

Relationship to family member with Down syndrome (or Self):

_____

County of Residence of family member with Down syndrome:

_____

County of Residence of Applicant: _____

SCHOOL INFORMATION

High School: _____

Graduation Date (month/year): _____

Name of Post-Secondary Institution Applicant attends or plans to attend:

_____

Have you been accepted? Yes No

This institution is a:

- 4-year College/University
- Community College
- Vocation - Technical
- Other: _____

Education level working towards:

- Undergraduate
- Graduate
- Doctorate
- Other: _____

Applicant will:

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

Applicant will be enrolled:

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

Anticipated date of graduation from post-secondary institution (month/year):

_____

Major or field of study applicant plans to pursue:

_____

Profession in which applicant aspires to work:

_____

TRANSCRIPT

High school seniors and applicants who have completed less than one full semester of post-secondary education must attach an official high school transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks _____ in a class of _____.

Applicant's cumulative grade point average is _____ /4.0 scale.

School Official's Name & Title:

_____

School Official's Signature: _____

School Mailing Address: _____

OR

Applicants currently enrolled in a post-secondary institution must attach their most recent official transcript of grades.

REFERENCES

All applicants must attach two (2) letters of reference. Please list the reference contact information below.

Name of Reference	Relationship to You	Title	Email Address

ADDITIONAL INFORMATION

Please list below the names and amounts of any grants or scholarships that the applicant has been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

Please list below any extracurricular activities in which the applicant has participated during the past four years including school and community activities and employment (i.e. sports, music, employment, volunteering, etc.).

Extracurricular Activity	Estimated Total Hours	Awards/Recognition/Honors Associated with this Activity

If the applicant has ever volunteered for DSACO, please list those activities below.

DSACO Activity	Estimated Total Hours	Date of Activity

2026 ESSAY

All applicants must attach a completed essay responding to the prompt below. The essay should be typed, double spaced in 12-point Times New Roman font, and no more than two (2) pages long.

2026 Essay Topic:

What does inclusion mean to you, and how do you plan to promote inclusion through your future education and career path?

APPLICATION SUBMISSION

All completed application packages are due **on Friday, January 30, 2026.**

Applications may be submitted via email or mail using the following directions:

Emailed to srainey@dsaco.net with the subject line "ATTN: Scholarship Committee."
If any application materials are emailed, they must be received by 5 PM on Friday, January 30, 2026.

OR

Mailed to the DSACO office at:

DSACO
Attn: Scholarship Committee
510 E. North Broadway, Suite 401
Columbus, OH 43214

If any application materials are mailed, they must be postmarked by Friday, January 30, 2026. If other materials are emailed, please note in the email which materials are coming via mail.