### 2018 Scholarship Application

The Down Syndrome Association of Snohomish County is pleased to announce the offering of two new Scholarships this for 2018! These scholarships will be awarded in the amount of \$500/person.

#### Criteria:

DSASC is committed to the goal of life long opportunities for persons living with Down Syndrome as such the following criteria has been established.

- Scholarship will be awarded to persons with Down Syndrome
- Scholarship will be awarded to persons age 18 and over
- Chosen recipients must be a resident of Snohomish County
- Scholarship will be awarded for the purpose of pursuing a secondary/continuing education or vocation course//pursuit that will enhance their life through employment, independent living, life skills, or interests in other areas.
- Tuition at a university, community college or post-secondary institution, institutes of technology, vocational and trade schools; this includes certificate, degree and non-degree programs. Program must be within the United States.
- Enrichment classes in the arts qualify for funding if they are certified programs. Examples of qualifying enrichment classes include painting and film production.

#### Application Checklist:

- Completed and signed application and essay.
- Letter of recommendation.
- Information to help us get to know you better! Include a picture, a little bit of information about yourself, or something that will help us get to know who you are.
- A photo of the applicant
- Optional parent letter

#### NOTE TO PARENTS/GUARDIANS:

We understand that some applicants need assistance with filling out this form. We do prefer to read applicants' own, individual responses to the following questions, so we can get a full picture of their accomplishments, goals and personalities.

Once the applicant has filled out as much as possible on their own, please feel free to add information where needed, and make a note that the applicant received assistance with that section.

Although it is not required, we highly encourage applicants to also send in "Something to Help Us Get to Know You Better" in addition to their completed application.

We ask that the applicant fill out the application as independently as possible and to the best of their ability. We love to read their own, individual responses to the questions in the application so we can get a full picture of their accomplishments, goals and personality.

A family member, or someone who is helping the applicant with the application process, is then encouraged to add additional information if they feel more is needed for the committee to get a clear vision of their loved one.

## **Parent/Guardian Information**

Name				
Street Address				
City, State Zip				
Phone				
E-mail address				
Relationship to Applicant				
I certify that the person applying for a DSASC has Down syndrome(Please Initial)				
I certify that the person applying for a DSASC Schola (Please Initial)	rship is 18 years of age or older			
help financially with a postsecondary education progris awarded this grant, I will help to ensure that he/she understand that if awarded this grant, that documentate how and where the grant money will be spent. I certificially criteria: has Down syndrome and is 18 years continue studying or enroll in a postsecondary program.	ram or enrichment course. If he/she is able to attend the course. I ation will need to be provided as to by that he/she meets the following is of age or older; and intends to			
Signature	Date			
Print Name				

Falsifying any eligibility information in these documents can result in returning of funds if awarded under false pretenses. Falsifying information, or the later determination by RR, that the applicant is ineligible according to its guidelines, is grounds for cancellation of scholarship award and shall create a personal obligation of the applicant and the party signing this form for the return of any funds distributed in good faith reliance on these statements of eligibility.

## **Scholarship Application**

Submission Deadline: May 1, 2018 – Award will be announced June 1, 2018

NOTE TO APPLICANTS: Please fill out the following form to the best of your abilities. We recognize that you may need assistance from a parent, guardian or friend, but we want to read your own, individual responses to the following questions, so we can get a full picture of your accomplishments, goals and personality. Note that written responses are preferred, but audio-recorded responses are also acceptable.

NOTE TO PARENTS/GUARDIANS: We understand that some applicants need assistance with filling out this form. We do prefer to read applicants' own, individual responses to the following questions, so we can get a full picture of their accomplishments, goals and personalities. Once the applicant has filled out as much as possible on their own, please feel free to add information where needed, and make a note that the applicant received assistance with that section.

Name	
Address	
Email	
Phone Number	
Age	
Please Describe the Program You Are Interested or Enrolled In:	
Are you currently enrolled in the program you are applying for: □ Yes □ No	
If enrolled, how many semesters or session you have attended so far?	
How many more semesters or session until completion/certification?	
Total estimated tuition cost of program for 2018?	

## **Previous Education:**

Name/City	Dates	Type of Studies	Level Completed

# **Work/Volunteer Experience:**

Name/City	Dates	Description of Job/Duties

Participation and Recognition Please list extra activities, clubs, special honors or awards received:			
Hobbies Please tell us about your favorite hobbies, sports, pastimes, etc. What do you LOVE to do? What inspires you?			
Applicant Essay Instructions			
Please submit a personal essay, addressing the following:			
What are your educational or other goals in participating in the program you have selected?			
What are your personal goals for the next five years?			
How will the program you have chosen help you achieve your personal goals?			
What else can you tell us about your journey that got you where you are today?			

Your essay should be 100 words minimum. NOTE: This essay should be written by the applicant, to the best of his/her abilities. If applicant is unable to address all of the

following on his/her own, two essays may be submitted — one written by the applicant to the best of his/her abilities, and one by the parent/guardian or person assisting.

#### Acknowledgement

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW TO INDICATE YOUR AGREEMENT:

I understand that I am applying for a grant to help me enroll or continue current enrollment in a post-secondary education program or enrichment class(es).

The information provided in this application is my own work (to the best of my abilities), and represents my own thoughts.

If I am selected to receive this grant, I am aware that I will need to provide documentation regarding how and where my grant money will be spent.

I verify that I meet the following eligibility requirements: I have Down syndrome; I am 18 years of age or older; and I intend to enroll or continue my current enrollment in a post-secondary program or enrichment course.

I understand that my application and all related materials may be shared with DSASC board members as well as with other individuals involved in the selection process for grant recipients.

Applicant's Signature	Date
Print Name	
Person/Persons Filling Out this Application:	
If Applicant received assistance filling out this application information regarding the individual who provided assistance was given:	
Full Name:	
Relationship to Applicant:	
Phone:	
Email:	