



## 2019 Post-Secondary Scholarship Application

*Please indicate "n/a" if information requested is not applicable.*

### **PERSONAL INFORMATION:**

(Please type or print clearly.)

Name \_\_\_\_\_  
(last) (first) (middle initial)

Address (as it would appear for mailing purposes)

\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name and Address (if different from above) of Parent or Guardian

\_\_\_\_\_  
\_\_\_\_\_

County of Residence: \_\_\_\_\_

Name and relationship of family member with Down syndrome (or Self) \_\_\_\_\_

### **SCHOOL INFORMATION:**

High School Attends/ed \_\_\_\_\_

Graduation Date \_\_\_\_\_ (month/year)

College/University/  
Vo-Tech School Applicant  
Attends or Plans To Attend \_\_\_\_\_

Have you been accepted?  Yes  No

Is this school a  4-year College/University  Community College  Vo-Tech  Other \_\_\_\_\_

Year in postsecondary program in 2019:  Undergraduate  Graduate  Doctorate

Student will:  Live on campus  Live off campus  Commute  Other

Student will be enrolled:  Less than half-time  Half-time  Full-time

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	<input checked="" type="checkbox"/> Granted	<input checked="" type="checkbox"/> 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

**OR**

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

**2019 ESSAY:**

All applicants must submit an essay. The essay should be typed, double spaced, 12 point font and one page in length.

**Essay Topic:** If you had to prepare a short speech on how and why everyone should embrace people with disabilities, what would you say?

**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  No If yes, please explain below.

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 received **no later than 5 pm on January 31<sup>st</sup>, 2019.**

Send to: DSACO  
Attn: Scholarship Committee  
510 East North Broadway  
Columbus, Ohio 43214