

## **Gulf Coast Down Syndrome Society's Post-Secondary Scholarship Program**

The purpose of the Gulf Coast Down Syndrome Society's Post-Secondary Scholarship Program is to offer financial assistance to young adults with Down syndrome – 18 and older – who are continuing to enrich their lives by taking classes or enrolling in postsecondary educational programs. GCDSS encourages you to apply for the scholarship, if you are thinking about applying for a postsecondary program or considering taking courses. Even if you have not decided whether you will actually take a course, or if you have not been accepted into the program you want, you can still apply for a scholarship. It will not be awarded until you actually decide to enroll. We cannot accept applications past the deadline, so if you are considering college or an enrichment course, please apply to be prepared.

### **Eligibility Criteria - Applicants must:**

- Have Down syndrome,
- Live in the Gulf Coast Down Syndrome Society's service area,
- Be 18 years of age or older, **and**
- Show their intentions to enroll in a class or program that will enrich their lives through employment, independent living skills or life skills

### **Scholarships:**

- A minimum of \$1,000 will be awarded annually, and will be divided equally among all eligible applicants.
- The awarded funds must be used to pay for the tuition for a course or postsecondary program at a university, college, educational institution, learning center or employment training program.
- If sufficient need or cause can be shown, the Award Committee, in its discretion, may approve the use of awarded funds to pay for the purchase of books, transportation and/or other related supplies.
- In order for the funds to be disbursed, proper documentation (e.g. receipts, bills) will need to be submitted.

### **Award and Distribution of Funds:**

Recipients will be notified in writing if you are found eligible for the scholarship. We will notify you of the amount of the scholarship at that time. With proper documentation, GCDSS can either send the money directly to your school or can reimburse you for tuition or other school costs that you paid. You must submit receipts for the tuition, books, materials or other that you would like to be paid by GCDSS or reimbursed for.

### **How to apply:**

All applications for the 2014 Gulf Coast Down Syndrome Society Post-secondary Scholarship **must be postmarked and mailed to GCDSS, P.O. Box 654, Gautier, MS 39553, or emailed to [info@gcdss.org](mailto:info@gcdss.org)**, with "Scholarship Application" in the subject line, **by March 15, 2014 to be considered.**

If you have any questions about completing the application, please contact GCDSS, Kim Duffy at [gcdss@cableone.net](mailto:gcdss@cableone.net) or [info@gcdss.org](mailto:info@gcdss.org).

**APPLICATIONS MUST BE  
POSTMARKED OR EMAILED  
BY  
March 15, 2014  
APPLICANTS WILL BE  
NOTIFIED BY April 15, 2014**

## **2014 Gulf Coast Down Syndrome Society's Post-Secondary Scholarship Application**

### **Part I: General Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you prefer to be contacted by email, postal mail or phone? \_\_\_\_\_

*I understand that I am applying for a scholarship to help me to continue studying at or to enroll in a post-secondary education program or enrichment class. The information provided in the application is my own work and represents my thoughts. If I am selected to receive this scholarship, I am aware that I will need to provide documentation as to how and where my money will be spent. I verify that I meet the following eligibility requirements - I have Down syndrome and I am 18 years of age or older; live in the GCDSS service area; and I intend to continue studying or enroll in a postsecondary program or enrichment course.*

**Your Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*If you are submitting this form electronically, typing your name in both spaces above is your agreement to the statement and is binding like your handwritten signature\*\***

**Part II: Please briefly answer the following questions to the best of your ability. You can request assistance, if needed.**

**1. Discuss any activities, hobbies and/or groups that you belong to or participate in.** These can be sports, clubs, religious groups, jobs and other interests. Please be specific.

**2. What are two goals you have for your future?** (These can be either personal or professional.)

**3. What is the name, address, and contact information for the program/class that you are planning to attend?**

**4. How much is the cost for your program/class per year?**

**5. Which of the following will this money be used for? Check all that apply.**

Tuition \_\_\_\_

Books \_\_\_\_

Supplies \_\_\_\_

Other \_\_\_\_

(If you checked “Other”, describe what the money will be used for.)

**6. Please write a short essay answering the following question. *Why do you want to go to college?*** Please limit this essay to no more than one typed page, double spaced. Include the essay with your application at the time that it is submitted.

**7. Submit at a photo of yourself.** (Electronic photos preferred)

**Part III: Parent/Guardian Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone Number (Optional) \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

Are you the person that provided the applicant any needed assistance in completing this application? \_\_\_\_\_ If not, have you reviewed it to insure that it is accurate? \_\_\_\_\_

I understand that \_\_\_\_\_ is applying for a scholarship to help financially with a postsecondary education program or enrichment course. If he/she is awarded this scholarship, I will help to ensure that he/she is able to attend the course. I understand that if awarded this scholarship, that documentation will need to be provided as to how and where the funds will be spent. I certify that he/she meets the following eligibility criteria: has Down syndrome and is 18 years of age or older; and intends to continue studying or enroll in a postsecondary program or enrichment course. I also understand that GCDSS will not be responsible for any expenses exceeding the scholarship awarded.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**\*\*If you are submitting this form electronically, typing your name in both spaces above is your your agreement to the statement and is binding like your handwritten signature\*\***

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