



Gulf Coast Down Syndrome Society's (GCDSS) Community Enrichment Scholarship Program

The purpose of the Gulf Coast Down Syndrome Society's Community Enrichment Scholarship Program is to offer financial assistance to individuals with Down syndrome who want to get involved in a community class, camp, or activity – educational, cultural or sports. GCDSS encourages you to apply for the scholarship, if you are thinking about getting involved in a community activity for this calendar year. The award will not be distributed until you actually register. Applications will be considered in the order in which they are received.

Eligibility Criteria

- Be an individual with Down syndrome
- Live in the Gulf Coast Down Syndrome Society's service area, **and**
- Show their intentions to enroll in a community activity

Scholarships

- The awarded funds may be used to pay for the registration, tuition, transportation, hotel accommodations 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 of eligibility for the scholarship and the amount of scholarship to be awarded. With proper documentation, GCDSS can either send funds to the organization sponsoring the activity or can reimburse you for costs you paid out of pocket. You must submit bills and/or receipts that you are requesting to be funded by GCDSS or reimbursed for. GCDSS will not be responsible for any expenses exceeding the amount of the scholarship awarded.

How to Apply

All applications for the Gulf Coast Down Syndrome Society's Community Enrichment Scholarship can be postmarked and mailed to GCDSS, P. O. Box 7859, D'Iberville, MS 39540, or emailed to info@gcdss.org, with "Scholarship Application" in the subject line to be considered.

Should you have questions on completing the application, please e-mail info@gcdss.org and we will be glad to help you.

Sincerely,

Gulf Coast Down Syndrome Society (GCDSS)

APPLICATION
GCDSS Community Enrichment Scholarship Program

Name of Parent or Guardian: _____

Name of Individual with Down syndrome: _____ Date of Birth: _____

Relationship to: _____

Address: _____

City, State Zip Code: _____

Phone: _____

eMail: _____

Describe the community class or activity – educational, cultural or sports for which you are seeking scholarship funds. If available, attach documents describing the program and/or registration brochure. Please use additional Pages if necessary.

Provide the total cost of the activity for which you are seeking funding. Please attach documentation of the costs.

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

I understand that my son or daughter is applying for a scholarship to help with a community class or activity. If he/she is awarded this scholarship, I will help ensure that he/she is able to attend the activity. I understand that if awarded this scholarship, I will need to provide documentation as to how and where the funds will be spent. I also understand that GCDSS will not be responsible for any expenses exceeding the amount of scholarship awarded.

*Signature: _____

Date: _____

Print Name: _____

* 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.