



Gulf Coast Down Syndrome Society's (GCDSS) 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 post secondary educational programs. GCDSS encourages you to apply for the scholarship if you are thinking about applying for a post secondary program or considering taking courses during the calendar year. 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 the scholarship. It will not be awarded until you actually decide to enroll.

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 may be used to pay for the tuition for a course or post secondary 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 eligible for the scholarship. We will notify you of the amount of the scholarship at that time. With proper documentation, GCDSS can either send funds directly to your school or can reimburse you for tuition or other school expenses you paid out of pocket. You must submit bills and/or receipts for the tuition, books, materials or other items that you would like to be funded by GCDSS or reimbursed for.

How to Apply

All applications for the Gulf Coast Down Syndrome Society's Family Education Scholarship **must 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 Family Education Scholarship Program

Part I: General Information

Individual with Down syndrome: _____

Date of Birth: _____

Address: _____

City, State Zip Code: _____

Phone: _____

eMail: _____

Preferred Method of Contact: eMail Phone (circle one)

I understand that I am applying for a scholarship to help me continue studying 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 scholarship 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 post secondary or enrichment course.

*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.

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 you are planning to attend?**

4. What is the cost for your program / class per year? _____
5. Which of the following will this funding be used for? Check all that apply.
- _____ Tuition
 - _____ Books
 - _____ Supplies
 - _____ Other (If other please describe what the funding will be used for.)
6. Submit a photo of yourself. (Electronic photos preferred)

Part III: Parent or Guardian Information

Name: _____

Address: _____

City, State Zip Code: _____

Phone: _____

eMail: _____

Relationship to Applicant:

Are you the individual that provided the applicant any needed assistance in completing this application? :

Yes No (circle one)
 If not, have you reviewed the application to ensure accuracy? _____

I understand that _____ is applying for a scholarship to help financially with a post secondary program or enrichment course. If he/she is awarded this scholarship, I will help ensure that he/she is able to attend the course. I understand that if awarded this scholarship, the 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, is 18 years of age or older and intends to continue studying or enroll in a post secondary program or enrichment course. I also understand 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 agreement to the statement and is binding like your handwritten signature.