



## The DSAV 2011 Academic Scholarship

The Down Syndrome Association of the Valley will offer a \$1,000 academic scholarship to a high school senior or college student pursuing post secondary studies in a field of education that will directly benefit individuals with Down syndrome. The funding for this grant comes directly from DSAV donations and fundraising. The recipient of this award will be selected by the scholarship committee. Final decision will be made by May 30, 2011 and student will be notified in writing. Check will be made payable to academic institution for fall 2011.

In order to apply, candidates must meet the following criteria:

- \*must be resident of Eastern Ohio or Western Pennsylvania
- \*must be majoring in general or special education
- \*must attend a four year college in Ohio or Pennsylvania fall 2011
- \*may be full or part-time student
- \*must submit transcript or proof of enrollment prior to distribution
- \*must submit resume
- \*must be available to attend DSAV Buddy walk of the Valley in August 2011 for recognition

Complete Application and postmark by **April 30, 2011** to:

**DSAV**  
**945 Boardman-Canfield Road-suite 12**  
**Boardman, Oh 44512**

### Student's information:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

County \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Name and Address of Parents or Guardians:**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_

**High School Information:**

High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

High School Counselor's Name \_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_

**College Information:**

College attending/accepted to fall 2011 \_\_\_\_\_

Major \_\_\_\_\_

Why have you chosen this major? \_\_\_\_\_

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

**Additional information:**

Honors/achievements \_\_\_\_\_

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

**Extracurricular Activities**

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

**Essay (500 words or less):**

Please attach an essay describing your experiences with individuals with Down syndrome and how you plan to directly benefit those individuals with Down syndrome in the future.

*I verify that the information submitted is accurate to the best of my knowledge.*

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