



Serving Eastern Ohio and Western Pennsylvania

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 **health care** related field 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 June 15, 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 health care related field (eg. speech therapy, nursing etc)
- *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 **May 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 _____