



## **The DSAV 2024 Academic Scholarship Application**

The Down Syndrome Association of the Valley's Academic Scholarship program has awarded \$33,250 since its inception and is pleased to offer the scholarship program again in 2024. Scholarships will be awarded to high school seniors pursuing post secondary studies in fields that will directly benefit individuals with Down syndrome. Siblings of individuals with Down syndrome in any field of study will be given priority and are invited to apply. The funding for this grant comes directly from DSAV donations and fundraising. The recipients of these awards will be selected by the scholarship committee. Final decision will be made by May 13, 2024 and the students will be notified by email. Checks will be made payable to academic institutions for fall 2024. Total amount distributed will be determined by number of qualified applicants.

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

- \*must be a resident of Eastern Ohio or Western Pennsylvania who volunteered with DSAV or attended DSAV event(s)
- \*must be majoring in education or healthcare field of study; siblings of a DSAV member with Down syndrome may apply in any field of study.
- \*must attend a four year college fall 2024
- \*must be full-time student
- \*must submit transcript or proof of enrollment prior to distribution
- \*must submit resume
- \*must not have received a DSAV academic scholarship in previous years
- \*must attend the check presentation at the DSAV office (date to be determined)

**Complete application and mail to DSAV office or scan and email by April 15, 2024**

**DSAV  
945 Boardman-Canfield Road, Suite 12  
Boardman, OH 44512  
Email: [office@dsav.org](mailto:office@dsav.org)**

Contact [office@dsav.org](mailto:office@dsav.org) with questions.



# 2024 Academic Scholarship Application Due in DSAV office by April 15, 2024

## Student's information:

☐ I am a sibling of an individual with Down syndrome

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of

Birth \_\_\_\_\_ Gender \_\_\_\_\_

County \_\_\_\_\_

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

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

## \_ Name and Address of Parents or Guardians:

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

Address \_\_\_\_\_

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## High School Information:

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

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

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

**College Information:**

College attending/accepted to fall 2024 \_\_\_\_\_

Major: \_\_\_\_\_

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

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**Additional information:**

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

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Extracurricular Activities

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**DSAV involvement** \_\_\_\_\_

**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 \_\_\_\_\_