



SCHOLARSHIP APPLICATION FORM

(ONLY ONE NAME PER APPLICATION)

Complete this form and fax or mail it to the address at the bottom of the form. If you need assistance, please contact Leigh Menconi at Leigh@TriangleDownSyndrome.org.

All information provided is treated as confidential and only used for TDSN internal recordkeeping.

***Required information**

*Name: _____ Today's Date: _____

*Address: _____

*City: _____, NC *Zip: _____

*Phone: Home: _____ Cell: _____ W: _____

*Contact e-mail: _____

Social Security # _____ (required at the time of reimbursement)

Disability Connection

- I am a person with a Down syndrome.
- My family member is an adult with Down syndrome.
- I am parent of a child with Down syndrome

- I am the individual guardian for a person with Down syndrome
- age of child or person with Down syndrome
- I teach children with Down syndrome
- Employer: _____

Ethnic Status (optional)

- Hispanic
- African-American
- Caucasian
- Asian-American
- American Indian
- Other

Event you plan to attend and seek final assistance:

NOTE: You **MUST submit an official brochure with agenda and registration form for the event and/or web site address that contains this information attached to this application.*

* Event: _____

* Location: _____ *Event Date: _____

*Have you attended this event before? Yes No Date

Web site for this event (if available): _____

*Have you used the TDSN Scholarship Fund before? Yes No

If yes, for what event? _____

when? _____ Amount received \$ _____

***STATEMENT OF PURPOSE:**

Please write a brief statement explaining your goals related to this particular event. Answer these three questions (use separate sheet if necessary):

1. What is it you hope to learn/achieve by attending?

2. What will you do with the information you receive at this event?

3. How will you share the information with others in your community?

***FINANCIAL ASSISTANCE IS NEEDED FOR:**

**Please indicate the total costs expected to be incurred and the amounts you are requesting from TDSN, other sources, and that you expect to pay yourself.*

	<u>Total Cost</u>	<u>*TDSN Scholarship Funds</u>	<u>*I will pay</u>	<u>*Funds From Other Sources</u>
Registration		\$	\$	\$
Hotel/Lodging		\$	\$	\$
Meals		\$	\$	\$
Mileage		\$	\$	\$
Child Care		\$	\$	\$
Respite Care		\$	\$	\$
Personal Attendant Services		\$	\$	\$
Other		\$	\$	\$
Totals		\$	\$	\$

*Other Sources _____

I have read and believe that I meet the criteria of the guidelines for reimbursement, completed this application with all required information, and attached an event brochure and/or web address about the event.

Signature: _____ Date _____

****REMEMBER TO ATTACH EVENT BROCHURE with EVENT DESCRIPTION, AGENDA/SCHEDULE AND REGISTRATION FORM.**

DISCLAIMER:

The TDSN Scholarship Fund is not an entitlement. The Scholarship Committee reserves the right to use discretionary judgment on any application they deem appropriate.

*Please retain keep a copy of the completed application.
Incomplete applications will not be considered.*

MAIL OR FAX TO:

Triangle Down Syndrome Network
Scholarship Applications
PO Box 37305
Raleigh, NC 27627-7305

EMAIL: scholarship@triangledownsyndrome.org

FAX: 919/788-3646

PHONE : 919-788-3646