

**Down Syndrome Association for Families
Scholarship Application**

Date: _____

Applicant's Name _____

Parent's Name _____

Address: _____

Phone: _____

Please circle the appropriate category of scholarship you are applying for

Conference

Convention

Early Childhood/Pre-School Activity

Youth event/activity

Advanced Education/ Post High School

Briefly describe the purpose of the scholarship you are requesting:

How will this program or activity benefit you or your child

Please indicate the cost of the activity:

Have you applied for a scholarship through the Down Syndrome Association for Families this year? If so, please state the type of scholarship and the amount you received

Please return scholarship applications to: Down Syndrome Association for Families
P.O. Box 57362
Lincoln, NE 68505

***Please note scholarships are intended to help supplement the costs of activities and are not meant to sustain ongoing participation in lessons, activities, or events. DSAF assumes no liability for use of any monies awarded to the applicant or their family and does not endorse any one program or institution based on the awarded scholarship. The DSAF reserves the right to deny scholarships based on budget restrictions and scholarship guidelines. Proof of registration for lessons, activities, or events required.