



Application for Scholarship

Down Syndrome Family Connection is a 501(c)(3) non-profit organization dedicated to improving the quality of life for children and adults with Down syndrome. DSFC provides limited funding for specific, one-time, individual scholarships to persons with Down syndrome or other developmental disabilities. Please carefully read the information below, then complete, sign, and submit the application.

- Applicants must be a south-central Indiana resident.
- Applicant(s) may be any of the following:
 - Person with Down syndrome or other developmental disability
 - Parent/caregiver/guardian of a person with Down syndrome/other developmental disability
 - Paid staff accompanying a person with Down syndrome/other developmental disability
 - Professional (Teacher, Therapist, etc.)
- Scholarships may be requested for an advocacy event, camp, training, conference, etc., that directly or indirectly benefits the person with Down syndrome or other developmental disability. Examples include
 - Camp registration fees
 - Conference registration fees
 - Travel expenses to/from conference (ex: mileage for car travel, airfare, shuttle, etc.)
 - Hotel while attending a conference
 - Parking while attending a conference
- Application must be submitted at least 30 days prior to the first date of the camp/event/training.
- Scholarship amount may not exceed \$500 (even if the actual cost of attending is greater).
- Payment for camp scholarships may be made directly to the camp on your behalf.
- Unless prior arrangements are made, scholarship amounts for conferences/events will be reimbursed to applicants provided that all receipts and documentation are submitted.
- Limit one application per household per calendar year.
- Incomplete applications will not be considered.
- Priority is given to first-time applicants.
- Past recipients must have submitted to DSFC all receipts and acknowledgement letters (if applicable) by the deadline stated in the approval notification before submitting another scholarship application.
- When applying on behalf of their child, DSFC Board members must recuse themselves from reviewing the application and voting on the gift request.



APPLICANT'S NAME: _____

APPLICATION DATE: _____

PERSON COMPLETING THE APPLICATION: _____

RELATIONSHIP TO APPLICANT: _____

APPLICANT'S BIRTHDATE: _____

DISABILITY: _____

ADDRESS: _____

TELEPHONE (HOME): _____ TELEPHONE (MOBILE): _____

NAME OF EVENT OR TRAINING: _____

LOCATION: _____ DATES: _____

REGISTRATION FEE..... _____

TRAVEL MILEAGE: _____ miles @ \$0.70/mile = _____

AIRFARE PER PERSON: _____ x # of applicants = _____

SHUTTLE..... _____

CAR RENTAL..... _____

PARKING..... _____

TOTAL OF ALL EXPENSES..... _____

AMOUNT REQUESTED (up to \$500, but not to exceed total expenses above): _____

I certify that all information contained in this application and any supporting documentation is true and complete. Intentionally providing false information will result in denial of application.

Signature: _____ Date: _____

Include the items below to support your request. Incomplete applications will not be considered.

_____ Application, completed and signed

_____ Copy of registration form, event details, camp/conference brochure, etc.

RETURN APPLICATION AND ALL DOCUMENTATION TO

info@downsyndromefamilyconnection.org or mail to

DSFC Scholarship
2600 S. Henderson St., Suite 157
Bloomington, IN 47401

Once the application is received, DSFC will make every effort to review it and respond with a letter of notification within 30 days. If you do not receive a response within 30 days, please contact us at info@downsyndromefamilyconnection.org.