



DSA NORTH CENTRAL IOWA
DOWN SYNDROME ASSOCIATION OF NORTH CENTRAL IOWA
SUPPORT | EDUCATION | ADVOCACY

SCHOLARSHIP FUND

*Assisting Students Dedicated to Helping Individuals with
Special Needs Achieve Their Education Goals*

Application 2017

APPLICATION DATES AND DEADLINES

APPLICATIONS MUST BE POSTMARKED BY:

MARCH 1, 2017

APPLICANTS WILL BE NOTIFIED BY:

March 13, 2017

Dear Applicant:

Thank you for your interest in the Down Syndrome Association of North Central Iowa's (DSA of NCI) Scholarship Fund. Enriching the lives of individuals with Down syndrome is part of the mission of our organization. We choose to give back to the communities in our servicing area by providing a scholarship to an individual pursuing education in a special needs field.

DSA of NCI is proud to facilitate and award this scholarship to offer financial assistance towards your education and support your efforts in striving to make a difference. The application deadline is **March 1, 2017** so don't delay in submitting your application.

SCHOLARSHIP INFORMATION AND ELIGIBILITY REQUIREMENTS

Scholarship

- One \$1,000 scholarship will be awarded
- The scholarship must be used to pay tuition or expenses toward college

Applicant must:

- Live in the DSA of NCI servicing area
- Be a high school senior or college student pursuing education in a field that will benefit the special needs population such as special education, speech, occupational, or physical therapy, etc.
- Minimum GPA of 3.0
- Be enrolled or accepted into an accredited college or university

Application Procedure

- The application can be typed or handwritten neatly
- Applications must be postmarked by **March 1, 2017**. Mail to:
DSA of NCI Scholarship Fund
P.O. Box 4, Mason City, IA 50401

Application packages must include the following items to be considered.

- Part I: Applicant Information
- Part II: Personal Achievements
- Part III: Photograph
- Part IV: One-Page Essay
- Part V: Transcripts
- Part VI: Recommendation Letters (Two per applicant)

Notification

You will be contacted if you have been awarded a scholarship.

Questions?

If you have any questions about completing the application, please contact DSA of NCI Education Chair, Ann Bailey at dsanorthcentraliowa@gmail.com (Subject Line: Scholarship Fund 2017).

PART I: APPLICANT INFORMATION

Applicant's Name: _____

Parent's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

High School Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Graduation Date: _____

College or University Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Major: _____

Have you been accepted or are you enrolled? _____

PART II: PERSONAL ACHIEVEMENTS

Extracurricular Activities: _____

Community Service: _____

Employment: _____

Awards: _____

PART III: PHOTOGRAPH

Submit one photograph of yourself.

PART IV: ESSAY

Submit a one-page essay answering the following questions:

1. Why are you pursuing an education in a career that impacts the special needs population?
2. How have you in the past, and how will you in the future, impact and enrich the lives of special needs individuals?

PART V: TRANSCRIPT

Provide your most recent high school/college transcript that includes your GPA.

PART VI: RECOMMENDATION LETTER #1 – EDUCATOR

APPLICANT’S INFORMATION

Name: _____

Phone: _____

Email: _____

RECOMMENDER’S INFORMATION

Name: _____

Company/Organization Name: _____

Address: _____

Phone: _____

Email: _____

Please use a separate piece of paper to answer the following questions:

1. How long have you known the applicant and in what capacity?
2. Why do you feel the applicant would benefit from this scholarship?
3. Describe how the applicant has made a difference in the lives of individuals with special needs.

Letter should be limited to one page. Please mail your recommendation letter and this form no later than March 1, 2017 to:

DSA of NCI Scholarship Fund
P.O. Box 4
Mason City, IA 50401

PART VI: RECOMMENDATION LETTER #2 – COMMUNITY MEMBER

APPLICANT’S INFORMATION

Name: _____

Phone: _____

Email: _____

RECOMMENDER’S INFORMATION

Name: _____

Company/Organization Name: _____

Address: _____

Phone: _____

Email: _____

Please use a separate piece of paper to answer the following questions:

1. How long have you known the applicant and in what capacity?
2. Why do you feel the applicant would benefit from this scholarship?
3. Describe how the applicant has made a difference in the lives of individuals with special needs.

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