



# SCHOLARSHIP FUND

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

## Application

**APPLICATION DATES AND DEADLINES**

**APPLICATIONS MUST BE POSTMARKED BY:**

**MARCH 1**

**APPLICANTS WILL BE NOTIFIED BY:**

**March 15**

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 service 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**.

## **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 an 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

1.

## **Application Procedure**

- The application can be typed or handwritten neatly
- Applications must be postmarked by **March 1**. 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 at [dsanorthcentraliowa@gmail.com](mailto:dsanorthcentraliowa@gmail.com) (Subject Line: Scholarship Fund).

**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 individuals with special needs?

### **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 -

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.

Letter should be limited to one page. Please mail your recommendation letter and this form by March 1 -

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