



DOWN SYNDROME GUILD  
OF DALLAS

**Down Syndrome Guild of Dallas  
2018 Self Advocate Scholarship Application**

**Application Deadline: May 31, 2018**

**Application procedures and required documentation listed below.**

Female

Male

Student's Name \_\_\_\_\_  
First Middle Last

Student's Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Student's Email Address \_\_\_\_\_

High School Name \_\_\_\_\_ School Phone Number \_\_\_\_\_

High School City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School Graduation Date \_\_\_\_\_  
Month/Year

Guardian's Name \_\_\_\_\_

Guardian's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Guardian's Phone Number \_\_\_\_\_

Guardian's Email Address \_\_\_\_\_

**I certify that the above information is true and complete. I understand that withholding information requested, with the exception of the information which was requested and voluntary, or giving false information may make me ineligible for candidacy.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Application Procedures**

**To be considered for scholarship, students must:**

<sup>35</sup>/<sub>17</sub> Be a U.S. citizen or permanent resident

<sup>35</sup>/<sub>17</sub> Be a DSG Member

<sup>35</sup>/<sub>17</sub> Be a self advocate with Down syndrome 18-26 years old

<sup>35</sup>/<sub>17</sub> Complete the above by May 31, 2018, for first consideration.



DOWN SYNDROME GUILD  
OF DALLAS

***Down Syndrome Guild of Dallas  
2018 Self Advocate Scholarship Application***

**Academic Information:**

College or Job/Work Program \_\_\_\_\_

Semester for which application is being made \_\_\_\_\_

Term/Year

Intended Area of Study or Training \_\_\_\_\_

**School Activities:**

*Please indicate position held (if any) and please be sure to distinguish the grade level 9-12 when listing clubs/ organizations.*

---

---

---

---

---

**Other Activities:** *Please include sports, leisure activities, hobbies, etc.*

---

---

---

**Awards and Honors:**

---

---

---

**Volunteer and Service Hours:**

---

---

---



DOWN SYNDROME GUILD  
OF DALLAS

***Down Syndrome Guild of Dallas  
2018 Self Advocate Scholarship Application***

**Have you ever participated in a DSG event? If so, what event(s) and when?**

---

---

---

---

---

---

**Are you a member of the DSG?**

---

---

*Note: If additional space is required, please attach extra sheets to the application.*

**Essay Topics:**

*Pages need to be typed and attached.*

- 1. The vision of the Down Syndrome Guild of Dallas is: *People with Down syndrome - valued and included.* Please tell what those words mean to you.**
- 2. Please tell us how your future coursework will benefit you. Please include your desired area of study, what your plans are for your future career and what your overall plans are to work in the area you have chosen.**

**PLEASE RETURN SCHOLARSHIP APPLICATION TO:**

**Down Syndrome Guild of Dallas  
1702 N. Collins Blvd. Suite 170  
Richardson, TX 75080  
(214) 267-1374, Fax: (972) 234-2510**