

Examples for use of Scholarship Program : Camp
 Recreational Sports
 Fine Arts – Music, Art, & Dance
 Educational extra curricular activity



PO Box 747, Middletown, DE 19709
 Phone: 302-995-1004
 www.dsadelaware.org

Scholarship Application

Date of application: _____
 Requestor's name: _____
 Participant's name: _____
 Participant's DOB & Age: _____
 Membership Dues Current: _Y _N
 Within the last year, have you volunteered with the Buddy Walk, Run for the Buds or with a DSA of Delaware Committee? _Y _N

Address: _____

 Phone #: _____
 Email Address: _____

Scholarship Request

Program Name:	Dates attending:
Program Address:	
Program Type:	Program Director's name and phone #:
Description of Program:	
How does this program benefit the individual with Down syndrome?	
Cost of Program?	
Amount Requested?	(Maximum amount requested not to exceed \$300 per fiscal year)

Criteria for Approval

Membership dues must be current and contact information is valid.
 Requestor must have volunteered on a DSA of Delaware Committee, Buddy Walk, and/or Run for the Buds within the past year.
 Requestor must agree to complete an evaluation of the program after attending and mail to PO Box 747, Middletown, DE 19709

The `criteria for approval` is waived for new families with less than 2 years as a DSAD member or has contributed a minimum of \$1000 through fundraising for the DSA of Delaware. However, we still ask that a program evaluation be completed after attending.

Participants Printed Name:	Requestor's Printed Name:
Signature:	Signature:

Approval for any request is at the discretion of the Scholarship Committee and/or Board of Directors

Only 1 Scholarship or Financial Assistance per membership per year, unless otherwise agreed upon by DSA of Delaware Board of Directors

Please send completed form to: **Down Syndrome Associate of DE, PO Box747, Middletown, DE 19709**