



REACHING FOR THE STARS
Scholarship Application
2018

**Applications must be emailed by
May 15, 2018**

**Applicants will be notified by
June 1, 2018**

Mission

The mission of DSAA's *Reaching For The Stars* Scholarship Fund is to offer financial assistance to individuals enrolled and accepted in the UL LIFE Program at the University of Louisiana at Lafayette to pursue post-secondary educational opportunities.

Scholarship

- Two scholarships, \$2,000 each, are being offered annually.*
- The scholarship must be used to pay for tuition or academic related expenses, including certificate, degree and non-degree programs associated with the UL LIFE Program at the University of Louisiana at Lafayette.
- A letter of acceptance from the UL LIFE Program must be furnished to DSAA prior to funds being paid.
- Upon receipt of the letter, DSAA will issue a check for \$2,000.00 directly to the University of Louisiana at Lafayette on behalf of the recipient.

* DSAA reserves the right at the beginning of any calendar year to discontinue the scholarship program at its sole discretion.

Eligibility Requirements for DSAA's *Reaching For The Stars* Scholarship

Applicant must

- Be diagnosed by a medical professional as having Down syndrome.
- Be 18 years of age or older.
- Be enrolled and accepted in the UL LIFE Program at the University of Louisiana at Lafayette for the Fall semester of this year.
- Not have been awarded any scholarship funds from DSAA for the prior academic year.

Application Process

- The application must be filled out completely and as independently as possible by the applicant.
- The application must be signed by the applicant and his/her parent or guardian.
- The application may be typed or printed clearly.
- The terms of the scholarship must be agreed upon by all parties (DSAA, applicant and parent/guardian).
- The recipients will be chosen at the sole discretion of DSAA.
- The recipients will be chosen on or before June 1, 2018 and an email notification will be provided.

How to Submit the Application

- Completed applications should be emailed to smidkiff@dsaa.info.
- The application must be received by midnight (CST) on May 15, 2018.
- If you do not receive an email confirmation, your application will not be considered received timely and therefore will not be eligible for this scholarship. Please contact Sherry at 337-234-3109 to verify that your application was received.
- Any applications received after the application deadline will not be considered.

DSAA's *Reaching For The Stars* Scholarship Application

Applicant's Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Age _____

Date of birth _____

I understand that I am applying for a scholarship to assist me financially in my post-secondary education program offered through the UL LIFE Program at the University of Louisiana at Lafayette. I certify that I meet all of the following eligibility requirements: I have been diagnosed with Down syndrome by a medical professional; I am 18 years of age or older; and I am enrolled and have been accepted in the UL LIFE Program at the University of Louisiana at Lafayette for the Fall semester of this year. I understand that my application will become the property of DSAA and will be shared with DSAA Board Members as well as other individuals involved in the selection process.

initial

I agree to allow DSAA to use my name and/or photograph to promote this scholarship program in the future.

Applicant's Signature _____

Print Name _____

Date _____

****If you are submitting this form electronically, typing your name in both spaces above is your agreement to the statement and is binding like your handwritten signature****

DSAA's *Reaching For The Stars* Scholarship Application

Parent/Guardian Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Relationship to Applicant _____

initial

I certify that the person applying for the DSAA Scholarship has been diagnosed, by a medical professional, with Down syndrome and is 18 years of age or older.

initial

I agree to allow DSAA to use the applicant's name and/or photograph to promote this scholarship program in the future.

I understand that the applicant is applying for a scholarship to assist him/her financially in their post-secondary education program offered through the UL LIFE Program at the University of Louisiana at Lafayette. I certify that the applicant meets all of the following eligibility requirements: has been diagnosed, by a medical professional, with Down syndrome; is 18 years of age or older; is enrolled and has been accepted in the UL LIFE Program at the University of Louisiana at Lafayette for the Fall semester of this year. I certify that if the applicant is awarded the scholarship, I will help to ensure that he/she is able to attend and participate in the program. Falsifying any eligibility information in these documents can result in returning of funds if awarded under false pretenses. Falsifying information, or the later determination by DSAA, that the applicant is ineligible according to its guidelines, is grounds for cancellation of scholarship award and the applicant is ineligible for all other DSAA scholarships in the future.

Signature _____ Print Name _____

Date _____

****If you are submitting this form electronically, typing your name in both spaces above is your agreement to the statement and is binding like your handwritten signature****