

## 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 information

- Two scholarships, \$1,000 each, are being offered annually to DSAA members.\*
- 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, in the amount of \$1,000.00, paid 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.

**Applications must be emailed to DSAA by June 15, 2022.  
Applicants will be notified by email on July 15, 2022.**

# *ELIGIBILITY REQUIREMENTS*

## **Applicant must**

- Be a current member of DSAA.
- 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 July 15, 2022 and an email notification will be provided.

## **How to Submit the Application**

- Completed applications should be emailed to [jgreen@dsaa.info](mailto:jgreen@dsaa.info).
- The application must be received by midnight (CST) on June 15, 2022.
- 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 Jill at 337-234-3109 to verify that your application was received.
- Any applications received after the application deadline will not be considered.

# APPLICANT'S INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Discuss any activities, hobbies and/or groups that you belong to or participant. These can be sports, clubs, religious groups, jobs and other interest. Please be specific.

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- What are two goals you have for your future? These can be either personal or professional.

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- Where do you plan to live when you take your classes: with family, in a dorm with other students, on my own, not sure or other.

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- **Write a short essay about why you want to be in the UL LIFE Program.**

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- **Submit at least one picture of yourself via email to [jgreen@dsaa.info](mailto:jgreen@dsaa.info).**

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 a current member of DSAA; 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\*\***

# PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

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: is a current member of DSAA; 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.

\_\_\_\_\_ I certify that the person applying for the DSAA Scholarship has been  
initial diagnosed, by a medical professional, with Down syndrome and is 18  
years of age or older. I agree to allow DSAA to use the applicant's  
name and/or photograph to promote this scholarship program 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\*\*