

DSAGSL Scholarship & Assistance Program

A pool of funds are available annually through the Down Syndrome Association of Greater St. Louis. Please note that all funds are available as they become available each fiscal year, and that each case is considered as it arrives in our office based on the remaining funds available.

Scholarships are available based on the criteria outlined in Bryce's Law (Section 161.825 RSMo). Full details can be obtained through the Missouri Department of Elementary & Secondary Education via phone, email or the DESE website.

General Scholarship Information

Applicant Eligibility Requirements:

- The applicant must be a U.S. citizen.
- The self-advocate and/or parent/guardian must include a brief (maximum one page) personal statement demonstrating why assistance is necessary, and how it will be used.
 - The statement should include the applicant's involvement in the disability community and future career/educational plans.
- Additional documentation may also be included using the following guidelines:
 - Applicants may elect to supplement the essay with a one-page photo essay.
 - A one-page letter from the educational institution or provider may be included.
 - A one-page list of supporting documentation may also be included. Acceptable information on the supporting document may include:
 - Academic awards or records
 - Extracurricular activities
 - Additional employment or education
 - Honors and awards
 - Employment history, training or awards
 - Additional life skill training, advocacy efforts or community service
 - Assistive technology used by the applicant in the education process

Award Payment:

- The scholarship funds awarded are to be used solely to pay for educational and job training expenses.
- All scholarship awards will be paid directly to the institution or service provider.
- Scholarship awards must be used in the 12-month period following the date of application. Should an award winner seek the renewal of a scholarship, a new application must be submitted.

Completing the Application Packet

Please note: All materials submitted become the property of DSAGSL and will not be returned.

- All applications must be submitted and mailed in the same packet via mail, fax or email.
- Each Application Packet should be organized as follows:
 1. Financial Aid Application
 2. Essay/Personal Statement
 3. Additional Supporting Documentation



Financial Aid Application for Self-Advocates and Families

SELF-ADVOCATE INFORMATION

Full Name (just as it appears on your Social Security card): _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____ Gender: _____

Disability: Down syndrome Autism Angelman syndrome Cerebral palsy
 Other developmental disability/ies: _____

SELF-ADVOCATE EDUCATIONAL INFO

Highest level of school completed: Pre-K Primary/Secondary – Grade: _____ College / beyond
- If completed Grade 12 or beyond, did you receive a diploma? Yes – School: _____ No

For this application, name of educational institution that would receive funds: _____

Address: _____ City, State ZIP: _____

Amount of tuition & fees required to attend institution in a 12-month period: _____

Amount of assistance you are applying to receive: _____

Explain all programs and services that the applicant would receive in exchange for these tuition and fees:

PARENT / GUARDIAN INFO

Full Name (just as it appears on your Social Security card): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

HOUSEHOLD & FINANCIAL INFO

Number of people living in your household: _____ Number of these people under age 18: _____

Annual Gross Income: _____ Self-advocate: _____ Parent / Guardians: _____

Additional assistance for the educational program (grant, reduced fee, etc.): _____

Does any person in your family receive benefits from any of the following programs? (NOTE: Answering these questions will not reduce eligibility for aid.)

- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Free or Reduced Lunch
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

ACKNOWLEDGEMENT

If you are the student, by signing this application you certify that you (1) will use financial aid only to pay the cost of attending the institution on this form, (2) will notify DSAGSL (or authorize a parent to do so) if you do not attend said institution. If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Student Signature (if age 18+)

Date

Parent/Guardian Signature

Date

**Submit to: Down Syndrome Association of Greater St. Louis
8531 Page Avenue, Suite 120; St. Louis, MO 63114
Fax: 314.989.1579 Email: info@dsagsl.org**

For DSAGSL office use only:

Date received: _____

Date notified of status: _____