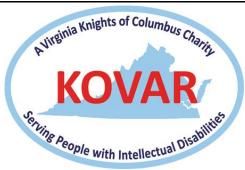
VDSA COMMUNITY ENGAGEMENT AND EDUCATION SCHOLARSHIP





VDSA's Community Engagement and Education Scholarship program provides financial assistance for individuals with Down syndrome (Ds) to participate in extracurricular activities. It is intended to offer individuals with Ds an opportunity for a fun, enriching program that he/she would not get in the academic/therapy arena. Please see the Scholarship Program Guidelines for more detailed information on program criteria.

Each applicant is eligible for a maximum \$500 per calendar year (January-December) for scholarships for extracurricular activities for the current year. Funds will be disbursed on a first come first served basis, based on availability, and at the discretion of the Scholarship Committee. All scholarship applications, invoices or receipts for the current year must be received prior to December 15th.

Please fill out **PAGES 1 AND 2** completely of the application below and **include an invoice or paid receipt.**Mail to: VDSA, 1504 Santa Rosa Rd., Suite 124, Richmond, VA 23229,

email to jsamuel@virginiadsa.org or FAX to 800 725.1549

(Unfortunately, we cannot process your application without an invoice or paid receipt)

Applicant Name (Individual with DS):		D.O.B.:	GENDER: M	_F
Parent/Guardian Name(s):				
Address:	City:	State: VA. Zip:		
Phone # (home):	(mobile):			
Email address:				
Name of program that scholarship funds	will be used for:			
Please note the applicant must be enrolapplicant's participation in prior or futu		<u>current year</u> . We cannot	reimburse or pay foi	r programs for
AMOUNT requested: \$	TOTAL cost of program: \$			
For PAYMENT (include invoice) or REIMB agrees to your request. Remit payment t	· · · · · · · · · · · · · · · · · · ·	eceipt). Please make sure	the documentation s	ubmitted
Name:				
Address:	City	State	Zip	

What VDSA programs and/or events have been impactful to your family?					
PLEASE complete the following section if you received funds in 2023. You MUST complete the following section to receive funds in 2024 (if you did not receive funds in 2023, please write N/A).					
Name of Scholarship Recipient (Individual with Ds):					
Name of Program Supported by Scholarship:					
What PERCENT (%) of the classes/activity/camp did the individuals with Ds attend? This is for grant reporting only and does raffect eligibility for funds	ıot				
How did the Scholarship funds in the previous year positively impact your individual with Down syndrome's life or your life?					
Would you be willing to provide or send us any photos of your child/youth or adult participating in this program? Please email your picture to jsamuel@virginiadsa.org					
What other information can you provide or suggest to enhance or improve this program?					
Any other comments or suggestions?					
Questions? Contact Jasmine Samuel at <u>jsamuel@virginiadsa.org</u> .					
Questions. Contact Justinine Sumuel at Justinuelle Virginiausators.					