

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. The goal of this program is to offer individuals with Ds an opportunity to engage in fun and enriching experiences that go beyond the academic or therapeutic setting. This scholarship program is made possible thanks to the generous support of **KOVAR** — a charitable organization that provides grants to improve the lives of individuals with intellectual disabilities in Virginia. We are deeply grateful to KOVAR for their commitment to inclusion and community engagement. **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 info@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 that the applicant must be enrolled in the program for the current year. We cannot reimburse or pay for programs for applicant's participation in prior or future years.

AMOUNT requested: \$ _____ **TOTAL** cost of program: \$ _____

For PAYMENT (include invoice) or REIMBURSEMENT (include paid receipt). Please make sure the documentation submitted agrees to your request. Remit payment to:

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 2025. You MUST complete the following section to receive funds in 2026 (if you did not receive funds in 2024, 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 not affect eligibility for funds _____

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 info@virginiadsa.org

What other information can you provide or suggest enhancing or improving this program? _____

Any other comments or suggestions?

Questions? Contact us at info@virginiadsa.org .