

# Self-Advocate Scholarship Application



**TREASURE VALLEY**  
DOWN SYNDROME ASSOCIATION

P.O. Box 1404 - Meridian ID 83680-1404

### Guidelines:

1. You must be a person with Down Syndrome, a member of TVDSA and an Idaho resident.
2. Proof of enrollment in a college or university is required.
3. Self-advocate must be willing to assist the board in fulfilling the TVDSA mission statement.
4. Scholarship limit is \$1,000 per TVDSA membership, per year. Applicants may apply and earn up to a \$500 scholarship each semester.
5. Eligible expenses, with provided receipts, include: registration and tuition fees.
6. The scholarship budget is set and renewed annually. Applications are reviewed and funds are made available on a first come, first served basis until depleted.
7. Applications are required at least 60 days prior to the beginning of the semester to allow sufficient time for TVDSA to respond.
8. Approved scholarships will be made payable to the institution in the applicant's name.

Your Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of College / University: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Total amount requested\*: \_\_\_\_\_

Expenses: Registration \_\_\_\_\_ Tuition \_\_\_\_\_

Source and amount of any other funding solicited and/or awarded: \_\_\_\_\_

Attach a brief description about how this award and attending this institution of higher learning will be beneficial to you. Also describe how you plan to assist TVDSA fulfill our mission statement.

\* A copy of your registration and/or tuition receipt must accompany your scholarship application.

Please return application and requested forms to: [scholarship@idahodownsyndrome.org](mailto:scholarship@idahodownsyndrome.org) or TVDSA/ Attention Scholarship Committee - P.O. Box 1404 - Meridian ID 83680-1404