



THRIVE SCHOLARSHIP APPLICATION

Please complete this application in order to be considered for a scholarship for the DSCBA THRIVE Program.
We are at times able to provide partial scholarships, and in a few cases total scholarships.
Please be aware there are a limited number of scholarships available and we will do our best to meet your needs.
Scholarships are applied for by session or semester and are not automatically renewed.

Participant's Name: _____ Date of Birth _____

Parent/Guardian's Name(s): _____

Address: _____

City/State/Zip: _____

Phone#: _____ Cell#: _____

Email: _____

Please state the reason(s) why you are requesting a scholarship at this time. List any extenuating circumstances we should be aware of which directly impacts your current financial situation (i.e. loss of a job, number of children in your house, etc.)* _____

** All information will be kept strictly confidential.*

Are you able to make partial payment(s) for the Session? Yes or No (please choose one)

If Yes, what amount are you able to pay towards this Session? _____

Signature

Date

We encourage all of our members to help raise funds at our annual Step Up for Down Syndrome Walk in October. This can be done easily through email and social media. This fundraising effort is much appreciated and we ask that when the time comes that you please keep this in mind as a way to help in compensating the scholarship fund.

THRIVE Session/Semester: _____ Amount: _____ Approved by: _____ Date Notified: _____