



Down Syndrome Advocacy Project of Maine

## 2022 Scholarship Program Overview

The Down Syndrome Advocacy Project of Maine (DSAP) is excited to give young people in our community assistance in pursuing their life goals. We will award one (1) individual scholarship totaling \$1,500 this year through our scholarship program.

The \$1,500 scholarship will be awarded to an individual with Down syndrome who is pursuing educational or job training opportunities beyond high school. Educational pursuits may include, but are not limited to college, community college, trade school, vocational school, job training, or adult continuing education programs. Scholarship funds may be used in multiple programs but must be used within one (1) year of award.

Applications must be postmarked by August 1, 2022. Scholarship awards will be announced no later than October 1, 2022.

Visit [www.dsapmaine.org/scholarship](http://www.dsapmaine.org/scholarship) for scholarship details and applications. Contact the Scholarship Committee at [info@dsapmaine.org](mailto:info@dsapmaine.org) with any questions.

### General Scholarship Information

#### Applicant Eligibility Requirements:

- The applicant must have Down syndrome
- Applicants must live in Maine.
- Scholarship awards are awarded one time only and are not renewable.
- Past scholarship award winners may not re-apply.
- Past applicants who did not receive a scholarship award are encouraged to re-apply.
- Applications must be post marked by August 1, 2022.

#### Award Selection and Award Evaluation Criterion:

- Applicant essay or personal statement.
- Two (2) Letters of Recommendation.
- Academic Achievement/Independent Living Skills/Employment.
- In addition to meeting the basic eligibility qualifications, applicants considered based on their demonstrated accomplishments, obstacles overcome, leadership, and community involvement.

#### 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 by DSAP.
- All scholarship funds must be used within one (1) year of award.

## Completing the Application Packet

### 1. Essay or Personal Statement

- The essay or personal statement should not exceed one (1) page in length.
- Applicant may elect to supplement the essay or personal statement with a photo essay up to two pages in length.
- Give an example of how the inclusion of individuals with disabilities in the community has affected you and how it might affect you in the future.

### 2. Letters of Recommendation

- The Applicants submission must include two (2) letters of recommendation.
- The letters must come from individuals who know the applicant well (i.e. teacher, educational assistant, principal, counselor, consultant, social worker, employer, job coach, clergy member, coach, or community member).

### 3. Additional Supporting Documentation (not required)

The following are provided as examples of the types of supporting documentation which may help the scholarship committee in their deliberations. Please provide any supporting documents which you believe to be relevant.

Additional supporting documentation may include:

- Academics - school transcripts, report cards, academic awards.
- Record of Activities – type of activity, years and estimated hours of service and organization name.
- Honors and Awards – certificates and awards.
- Extracurricular activities – records of activities, statements from activity leaders, certificates and awards.
- Employment - employment history, employment training, performance reviews, certificates and awards
- Independent Living Skills - record of progress made in acquiring skills, statement of achievement from teacher/coach.
- Advocacy - statement of how the applicant educates others on the needs of those with disabilities (teachers, peers, or the community).
- Assistive Technology - record of technology used, how it has impacted the applicant or others.

## Application Packet Submission

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

- All applications must be submitted in hard copy.
- Each Application Packet should be organized as follows:
  - Applicant Information Form
  - Essay/Personal Statement
  - Letters of Recommendation
  - Additional Supporting Documentation

Application Packets must be postmarked by August 1, 2022.

Mail the entire Application Packet to:

Down Syndrome Advocacy Project of Maine  
Attn: Scholarship Committee  
PO Box 161  
Bowdoinham, ME 04008



## 2022 SCHOLARSHIP PROGRAM APPLICATION FORM

**Deadline:** This application form and all other required documentation must be received by August 1, 2022 (5:00 p.m. eastern time). Mail to: Down Syndrome Advocacy Project of Maine Attn: Scholarship Committee, PO BOX 161, Bowdoinham, ME 04008. Questions? E-mail: [info@dsapmaine.org](mailto:info@dsapmaine.org).

**Eligibility:** Students must meet these criteria to be eligible. Please initial.

1. \_\_\_\_ I confirm that I have Down syndrome.
2. \_\_\_\_ I live in Maine.
3. \_\_\_\_ I will be attending post-secondary education or job training in the fall of 2022.

**4. Name:**

a. First name -- Middle name(s) -- Last name:

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b. If it is different than your formal name, what do you prefer to be called?:

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**5. Home address:** The DSAP Scholarship Program is restricted to Maine residents.

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

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

**6. Primary telephone:** (\_\_\_\_\_) \_\_\_\_\_

**7. E-mail:** \_\_\_\_\_

**8. Parent/Guardian Name:**

First name -- Middle name(s) -- Last name:

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**9. Parent/Guardian address:**

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

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

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



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10. Parent/Guardian telephone: (\_\_\_\_\_) \_\_\_\_\_

11. Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

12. What school do you currently attend?

Name: \_\_\_\_\_

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

Phone number: (\_\_\_\_\_) \_\_\_\_\_

What is your current GPA?: \_\_\_\_\_

13. What post-secondary school or job training program will you attend in 2022?

13 a. Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ or,

13 b. Undecided. Colleges / Programs under consideration are:

\_\_\_\_\_

14. **Essay or Personal Statement:**

What does the scholarship committee need to know about you in one (1) page or less. Attach your essay to this form.

15. **Certification Statement:**

By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed:

Date: