

**COLORADO SPRINGS DOWN SYNDROME ASSOCIATION
SCHOLARSHIP FUND APPLICATION
HIGHER EDUCATION SCHOLARSHIP**

DATE SUBMITTED: _____

APPLICANT'S NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ EVENING

PHONE: _____

E-MAIL ADDRESS: _____ (if available)

INSTITUTE OF HIGHER LEARNING: _____

PROGRAM ENROLLED IN: _____

DATE BY WHICH FUNDS ARE NEEDED: _____

AMOUNT REQUESTED: _____

UPON APPROVAL PLEASE MAKE PAYMENT TO:

NAME: _____

ADDRESS: _____

PLEASE ATTACH TO THIS APPLICATION:

TRANSCRIPT SHOWING ENROLLMENT IN RELEVANT PROGRAM

LETTER EXPLAINING HOW YOUR EDUCATION WILL MAKE A POSTIVE DIFFERENCE FOR SOMEONE WITH DOWN SYNDROME

LETTER OF RECOMMENDATION FROM A CURRENT MEMBER OF CSDSA

SIGNATURE

Please Mail To: CSDSA, P.O. Box 2364, Colorado Springs, CO 80901