

# DSAW Educational Endowment Fund

DSAW is dedicated to supporting families and individuals with Down syndrome through education, information, and the exchange of ideas and experiences. The Beatrice A. Lee Trust helped further our mission by providing funds to enable the establishment of an educational endowment fund.

Three categories of potential recipients will be reviewed annually. The first category is dedicated to individuals with Down syndrome seeking postsecondary education. The second category is focused on individuals seeking post-secondary education with a specific educational and vocational desire to aid individuals with Down syndrome. Finally, the third category is dedicated to individuals that currently work in a vocation that aids individuals with Down syndrome and that are seeking funding for continuing education and training with the purpose of furthering their ability to aid individuals with Down syndrome.

To apply, appropriate portion of the attached form must be completed in full. The information in the form, along with any additional information requested by DSAW, provides DSAW with the information necessary to evaluate and compare applicants.

One worthy recipient will be selected per year. Applications are due by December 31 of the current calendar year and notification of an award will be provided by March 31 of the following year. The recipient will receive awards up to \$1,800 total to support their desired education.

DSAW is very excited to provide this educational endowment fund and looks forward to the opportunity to provide furthered support to individuals with Down syndrome and those working so diligently on the behalf of individuals with Down syndrome.



**dsaw**  
**Down Syndrome**  
Association of Wisconsin, Inc.  
*awareness · acceptance · assistance*

## DSAW ENDOWMENT FUND

### Post-Secondary Education (Individual With Down Syndrome)

#### Rules for DSAW

1. Annually, the Board must vote on complete applications received during the previous application year
2. 2/3 Board approval required to award scholarship
3. Awards are made at the sole discretion of the Board
4. If no individual(s) is approved, award is added to principle
5. Individuals may apply once during the application year
6. Individuals may receive one award per application year

#### Requirements for Applicant

1. Individual with Down Syndrome
2. Member of DSAW
3. Wisconsin Resident
4. Identify institution and proof of enrollment \*
5. Short statement (150 word minimum and 1,000 word maximum) by or on the behalf of the applicant describing the education sought, the need for the award, and the goals of the individual in seeking the education
6. DSAW Board may request informal interview \*\*
7. Award will be made for up to the amount of \$1,800 paid in bi-annual installments
8. Second award installment made upon submission of a second short essay (150 word minimum) describing the educational achievements of the first half to the academic year and proof of continued enrollment

\* Proof of enrollment may be provided after application is submitted for consideration, but must be provided prior to receiving funds

\*\* Informal interview may be conducted via phone and may be requested by the Board prior to a decision on the award and any subsequent distribution of funds associated with the award

---

### DSAW POST-SECONDARY EDUCATION SCHOLARSHIP APPLICATION

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ DSAW Membership Current \_\_\_\_\_

High School Attended \_\_\_\_\_

High School Graduation Date \_\_\_\_\_

Institution To Be Attended \_\_\_\_\_

Focus of Education \_\_\_\_\_

Amount of Tuition Requested \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian (if different than applicant) \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

DSAW Membership Current \_\_\_\_\_

Statement Please use separate Sheet. \_\_\_\_\_



**dsaw**

**Down Syndrome**

Association of Wisconsin, Inc.

*awareness · acceptance · assistance*

**DSAW ENDOWMENT FUND**

**Post-Secondary Education (To Aid Individuals With Down Syndrome)**

**Rules for DSAW**

1. Annually, the Board must vote on complete applications received during the previous application year.
2. 2/3 Board approval required to award scholarship
3. Awards are made at the sole discretion of the Board
4. If no individual(s) is approved, award is added to principle
5. Individuals may apply once during the application year
6. Individuals may receive one award per application year

**Requirements for Applicant**

1. Member of DSAW
2. Wisconsin Resident being educated in WI
3. Identify institution accredited academic institution and proof of enrollment \*
4. Transcript of prior educational performance
5. Essay describing education sought, need for award, and direct impact that education will have on individuals with Down Syndrome
9. DSAW Board may request interview \*\*
6. Award will be made for up to the amount of \$1,800 paid in bi-annual installments
7. Second award installment made upon submission of a essay describing the educational achievements of the first half of the academic year, high academic performance, and proof of continued enrollment

\* Proof of enrollment may be provided after application is submitted for consideration, but must be provided prior to receiving funds  
\*\* Interview may be conducted via phone and may be requested by the Board prior to a decision on the award and any subsequent distribution of funds associated with the award

---

**DSAW POST-SECONDARY EDUCATION SCHOLARSHIP APPLICATION**

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ DSAW Membership Current \_\_\_\_\_

High School Attended \_\_\_\_\_

High School Graduation Date \_\_\_\_\_

Institution To Be Attended \_\_\_\_\_

Focus of Education \_\_\_\_\_

Amount of Tuition Requested \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian (if different than applicant) \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

DSAW Membership Current \_\_\_\_\_

Essay Please use separate sheet. \_\_\_\_\_



**dsaw**

**Down Syndrome**

Association of Wisconsin, Inc.

*awareness · acceptance · assistance*

**DSAW ENDOWMENT FUND**

**Continuing Education/Training (To Aid Individuals With Down Syndrome)**

**Rules for DSAW**

1. Annually, the Board must vote on complete applications received during the previous application year.
2. 2/3 Board approval required to award scholarship
3. Awards are made at the sole discretion of the Board
4. If no individual(s) is approved, award is added to principle
5. Individuals may apply once during the application year
6. Individuals may receive one award per application year

**Requirements for Applicant**

1. Member of DSAW
2. Employed in WI
3. Provide a course description and agenda \*
4. Transcript of prior educational performance
5. Description of the education sought, need for award, and direct impact that education will have on individuals with Down Syndrome
6. DSAW Board may request an interview \*\*
7. Award will be made for up to the amount of \$1,800.
8. Second award installment made upon submission of a essay describing the educational achievements of the first half of the academic year, high academic performance, and proof of continued enrollment

\* Agenda may be provided after application is submitted for consideration, but must be provided prior to receiving funds

\*\* Interview may be conducted via phone and may be requested by the Board prior to a decision on the award and any subsequent distribution of funds associated with the award

---

**DSAW CONTINUING EDUCATION/TRAINING SCHOLARSHIP APPLICATION**

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ DSAW Membership Current \_\_\_\_\_

Post High-School Education \_\_\_\_\_

Training/Education to Be Attended \_\_\_\_\_

Focus of Education \_\_\_\_\_

Direct Impact Education Will Have on Individuals With Down Syndrome \_\_\_\_\_

---

---

Amount Requested \_\_\_\_\_

Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

---

Contact/Reference at Employer \_\_\_\_\_

Have You Asked Your Employer to Pay For This Education/Training? If Not, Why?

---

---

---

---

How Does Your Employer Aid/Support Individuals With Down Syndrome Currently?

---

---

---

Essay Please use separate sheet.



**dsaw**

**Down Syndrome**

Association of Wisconsin, Inc.

*awareness • acceptance • assistance*