



# F.R.I.E.N.D.S.

(Family Resource, Information & Education Network for Down Syndrome)

## Andrew C. Eiker Memorial Scholarship Application 2017

To be considered by this organization you must be a legal resident of the United States, and meet one of the following three criteria to be considered for this scholarship:

- a. You must be an individual with Down syndrome seeking higher education in any field of your choice *or*
- b. You are a student that is pursuing a degree in Special Education, or a career in helping the needs of those individuals with Down syndrome *or*
- c. You are an educator, or para-educator, pursuing additional training in a specific area that would be beneficial to teaching individuals with DS.

The value of this scholarship can range from \$100.00 to \$1000.00 per student, per academic year of higher education. Please type or print clearly all information requested on this form. All questions must be answered or designated as N/A if not applicable. Failure to answer all questions may negatively affect the scoring of your application.

All applications are evaluated and scored based upon the following criteria (**100 points**):

1. As a student with Down syndrome, you must have earned your Certificate of Completion or have achieved at least a 2.5 GPA in your senior year. (**20 points**)  

**OR**

As a full time student you must have demonstrated an above average academic ability. Please submit an undergraduate transcript and GPA or its equivalent for any *graduate* course work completed to date. (The transcript does not have to be an official copy.) (**20 points**)
2. **Course Work.** List all courses you have taken relevant to your future field of study or career path. (**10 points**)
3. **Experience.** List all employment and or activities involving the career path for which you are choosing. Please include a brief description of duties performed. (**10 points**)
4. **Essay:** Type a brief essay on the reasons you are applying for this scholarship, how it will benefit you and any other extenuating circumstances that could help the F.R.I.E.N.D.S. scholarship committee

Application number: \_\_\_\_\_



determine your need for a scholarship. Please limit the essay to no more than two pages in length, double spaced in 12 point font with 3/4" margins. Please include how you envision being able to help individuals with Down syndrome after the completion of your training. This will be scored/evaluated on both writing abilities and need. (30 points)

- 5. **Recommendations.** Provide two letters of recommendation from faculty members or other service organizations that are familiar with your work or abilities. (30 points)

**This application and all accompanying documentation must be submitted no later than June 15<sup>th</sup>.**  
**Applications postmarked after June 15, 2017 will not be considered for award.**

**Awards for all scholarships will be made no later than July 31<sup>st</sup> and an official presentation will be made at the Annual Buddy Walk in September at the Baker Park Band Shell in Frederick, Maryland.**

**PART 1 - Personal Information:**

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address (1): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (2): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**PARENTS**

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_  
Address (1): \_\_\_\_\_ Address (1): \_\_\_\_\_  
Address (2): \_\_\_\_\_ Address (2): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**High School or College Information:**

School Name: \_\_\_\_\_  
Counselor or Advisor's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Application number: \_\_\_\_\_



**PART 2 - Scholastic and Financial Information:**

1. What is your cumulative unweighted Grade Point Average (based on 4.0 GPA scale)

GPA: \_\_\_\_\_ (Please attach grade transcript)

2. Have you ever received a scholarship from F.R.I.E.N.D.S..? (Check one)

No: \_\_\_\_\_ Yes: \_\_\_\_\_ (If yes, when): \_\_\_\_\_

3. What College, University or Technical School do you plan on attending or currently attend?

First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

4. What is your proposed major area of study or career objective? \_\_\_\_\_

\_\_\_\_\_

5. List any and all extra-curricular activities that you have been involved in the past three years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

6. Do you need to work to attend school: (Please check one) Yes \_\_\_\_\_ / No \_\_\_\_\_

7. If you are currently employed, please provide employer information:

Employer: \_\_\_\_\_ Hours per week: \_\_\_\_\_

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

8. Father's Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ How Long?: \_\_\_\_\_

9. Mother's Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ How Long?: \_\_\_\_\_

10. Do you have any dependents? No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes, how many?) \_\_\_\_\_

Please mail to:

Attn: Scholarship Committee

F.R.I.E.N.D.S.

P.O. Box 641

Middletown, MD 21769

Application number: \_\_\_\_\_



Guidelines for scholarships:

1. We urge department heads or school counselors to encourage qualified applicants to apply for this scholarship.
2. This scholarship may be used to cover tuition and fees, room and board, books, computers and school-related supplies.
3. At the discretion of the scholarship committee, the scholarship will be forwarded to the scholarship supervising authority of the educational institution for presentation to the student at an appropriate time and place. Alternatively, at their discretion, the F.R.I.E.N.D.S. scholarship committee, or the Board of Directors, may grant the scholarship award directly to a student.
4. If the scholarship is directly awarded to the student, the F.R.I.E.N.D.S. Scholarship Committee requires a written statement from the scholarship recipient regarding how the scholarship was used.
5. The F.R.I.E.N.D.S. Scholarship Committee and/or the Board of Directors, reserves the right not to award a scholarship(s) in the event no qualified entries are received.