



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

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

Scholarship Application

To be considered by this organization you must be a legal resident of the United States, at least a full time student in the public or a state government recognized private school to be considered for this scholarship. There are two further areas of qualification of this scholarship:

- a. You must be an individual with Down syndrome seeking higher education in any field of your choice
- OR**
- b. You are student that plans on at least a bachelors degree in Special Education or a career in helping the needs of those individuals with Down syndrome

This scholarship value is up 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 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 ¾” margins. This will be judge on both writing abilities and need. **(30 points)**

- 5. **Recommendations.** Provide two letters of recommendations from faculty members who are familiar with your work or abilities. **(30 points)**

~ Submit this application and all accompanying document no later than June 30th. ~

Awards for all scholarships will be made no later than August 30th and presented 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. 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. The F.R.I.E.N.D.S. scholarship committee or the Board of Directors will not grant monies directly to students.
3. The F.R.I.E.N.D.S. Scholarship Committee requires a written report from the scholarship recipient regarding the use of the scholarship.
4. 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.