

Down syndrome Network of Onslow and Carteret Counties

DSNOCC

P.O. Box 1264 Jacksonville, North Carolina 28541-1264

www.dsnocc.org



Instructions:

1. Please print or type clearly the following information. Submit completed application, with all applicable signatures, to the above Post Office Box by May 1, 2017 or email completed application to president@dsnocc.org If this form is incomplete, inaccurate, or not signed, it will not be considered.
2. Please complete one application for each scholarship.
3. Graduating seniors in Onslow or Carteret Counties (including Camp Lejeune) with a minimum of ten documented hours volunteering in the special needs community by April 15th are eligible to apply.
4. All students receiving a scholarship are required to volunteer 5 hours with the DSNOCC organization within twelve months of the awarding of scholarship funds.
5. Scholarship award will be sent directly to the financial aid office of the school the student plans to attend.

Detail your connection to the special needs community including any volunteer hours:

Attach an essay of approximately 500 words in length addressing the following question: What is your definition of inclusion and what is your vision for inclusion for the future?

Are you related to any member of the DSNOCC Board? Yes. No.

If yes, please identify the Board member and the relationship:

Authorization Information:

I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the DSNOCC organization the right to use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

Personal Information:

Applicant Name: _____

Home Address: _____

City: _____ State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Academic Information:

College where scholarship will be used:

Semester for which application is being made (Term and Year):

Intended Major: _____

GPA: _____

Signature of School Representative: _____

School Representative's Title: _____

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature: _____

Date: _____

Scholarship Fund Recommended: _____

Amount: _____

DSNOCC Executive Board Signature:

Scholarship Awarded: _____

Date: _____