

**Timothy Ditter Post-secondary Education Scholarship Application** Applicants must be an individual with Down syndrome who has completed high school and is seeking post-secondary education, and whose family/guardian is a paid member of DSAW, a listed supported family on the DSAW-Fox Cities database, and residing within Outagamie, Winnebago or Calumet County. If the individual's family resides outside of these three counties, the family must be an active participant (attending DSAW-Fox Cities social events, fundraising for DSAW-Fox Cities, and/or active on the DSAW Fox Cities Google email group) to be considered a supported family. Applications for scholarships up to \$2,500.00 must be received by December 31 of any year. Approved scholarships will receive a half payment, and following a letter of progress from recipient, the second half will be paid.

Date of Application: \_\_\_\_\_

Name of DSAW-Fox Cities supported family/guardian: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

County \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

1. Full name of individual with Down syndrome: \_\_\_\_\_

2. Birth date of individual with Down syndrome: \_\_\_\_\_ 3. Your relationship to the individual with Down syndrome: \_\_\_\_\_ 4.

Name of institution of learning: \_\_\_\_\_ 5.

Institution address to which check is to be sent: \_\_\_\_\_

6. Tuition payment deadline date: \_\_\_\_\_

7. How will this scholarship benefit the individual with Down syndrome? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Have you used the DSAW-Fox Cities' Timothy Ditter Post-secondary Education Scholarship program before?

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

9. Have you requested support from any other source? \_\_\_ Yes \_\_\_ No If yes, what source(s) \_\_\_\_\_

10. Total cost for tuition: \$ \_\_\_\_\_

11. Amount you are requesting from the DSAW-Fox Cities' Timothy Ditter Post-secondary Education Scholarship program: \$ \_\_\_\_\_

Please provide us with a copy of the tuition bill/enrollment fees.

We must receive your application by December 31 of any year. If printing this application, fax the completed application to:

Fax: 414-327-1329

Or mail to:

DSAW-Fox Cities' Timothy Ditter Post-secondary Education Scholarship  
Down Syndrome Association of Wisconsin  
11709 W Cleveland Ave, Suite 2  
West Allis, WI 53227