

THE DOWN SYNDROME FOUNDATION OF SOUTH TEXAS

\$500 PAY IT FORWARD SCHOLARSHIP

Name of Applicant: \_\_\_\_\_

High School: \_\_\_\_\_

GPA: \_\_\_\_\_ Planned Field of Study: \_\_\_\_\_

Club/Organization Memberships (including years of membership): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Offices Held/Leadership Positions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Activities: \_\_\_\_\_

\_\_\_\_\_

Did you have a job during the school term? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Have you volunteered at a special needs event (i.e. Buddy Walk, Dash for Downs, Turtle Wing)? \_\_\_\_\_

Any family members with special needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments for the Committee to consider in reviewing your application:

*If you need additional space to respond to a question, please attach a separate sheet of paper or submit a resume.*