



Down Syndrome Family Support and Advocacy Group  
Marilyn Casper Academic Scholarship Application  
for Individuals with Down syndrome  
who live in the Michiana Service Area  
Due May 1st

Today's Date: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_ (\$1,000 maximum limit/year)

Name of Member  
with Down Syndrome: \_\_\_\_\_

Name of Parent/Caregiver: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Academic or Training Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Brief description of the program of study: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List Courses and Fees to which the scholarship will be applied:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send the following by May 1st:

- \_\_\_\_\_ Application form
- \_\_\_\_\_ Copy of receipt(s)
- \_\_\_\_\_ Proof of enrollment in the program of study
- \_\_\_\_\_ Current Transcript of completed courses (if applicable)
- \_\_\_\_\_ Official high school transcript or copy of certificate or diploma
- \_\_\_\_\_ Letter stating why the applicant feels they should be awarded the scholarship

Mail to: DSFSAG Educational Scholarship  
51201 Old Cottage Drive  
Granger, IN 46530

Please note you must live in the Michiana area. All scholarship requests will be subject to approval by the Board.