



Anything Is Possible
SCHOLARSHIP

Application
2018

APPLICATION DATES AND DEADLINES

**APPLICATIONS MUST BE
POSTMARKED OR EMAILED BY**

April 30, 2018

APPLICANTS WILL BE NOTIFIED BY May 31, 2018

Mission

The mission of the Upside Downs *Anything Is Possible Scholarship* is to offer financial assistance to adults with Down syndrome who are continuing to enrich their lives by enrolling in either the Bridge to Independence Program at Nicholls State University or the LIFE Program at the University of Louisiana at Lafayette.

Eligibility Criteria

Applicant must:

- Have Down syndrome
- Be 18 years of age or older
- Must be enrolled or have applied to the Bridge to Independence Program at Nicholls State University or the LIFE Program at the University of Louisiana at Lafayette.

SCHOLARSHIPS

- A maximum of \$8,000 in scholarships will be awarded not exceeding a total of \$1,000 each.
- The scholarship must be used to pay for tuition or expenses related to the Bridge to Independence Program at Nicholls State University or the LIFE Program at the University of Louisiana at Lafayette.

Materials to Include in Application Package

Application packages must include items I – V to be considered

- I. General Information Form

- II. Questions About Me
- III. One or more photograph of you
- IV. Something that Helps Us Get to Know You Better/ Essay
- V. Parent/Guardian Information (must be filled out by parent or guardian)

Application Procedures

- You should complete the application as independently as possible
- The applications can be typed or printed neatly
- Please mail complete application packages to:
Anything Is Possible Scholarship
Upside Downs, Inc.
P.O. Box 1819
Thibodaux, LA 70302
- Applications must be postmarked or emailed by **April 30, 2018**.

Notification

Please do not call about the status of your application, as we will not be able to provide information over the phone.

You will receive an email or letter advising if you were or were not awarded the scholarship.

If you have any questions about completing the application, please contact Upside Downs at info@upside-downs.org.

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I. GENERAL INFORMATION

Name:

Date of Birth:

Address:

Phone Number:

Alternate Phone Number (Optional):

Email Address:

I understand that I am applying for a scholarship to help continue my studies in the Bridge to Independence Program at Nicholls State University or the LIFE Program at the University of Louisiana at Lafayette, or to enroll said programs. The information provided in the application is my own work and represents my thoughts. If I am selected to receive this grant, I am aware that I will need to provide documentation as to how and where my grant money will be spent. I verify that I meet the following eligibility requirements: 1. I have Down syndrome. 2. I am 18 years of age or older. 3. I am enrolled in the Bridge Program, LIFE Program or have applied for the program.

Your Signature:

Print Name:

Date:

3. Where do you plan to live when you take your class?

With my family ____

In a dorm with other students ____

On my own ____

I'm not sure yet ____

Other ____

4. How much money are you asking for? (Remember, the scholarship cannot exceed \$1,000)

5. Which of the following will this money be used for? Check all that apply.

Tuition ____

Books ____

Supplies ____

Other ____

(If you checked "Other", describe what the money will be used for.)

Part III: Submit at Least One Picture of Yourself

(Electronic photos preferred. Email to info@upside-downs.org)

Part IV: Something That Helps Us Get to Know You Better

Write a short essay about yourself that answers the following question. Please limit this essay to no more than one typed page, double-spaced.

Why do you want to be in the Bridge To Independence Program/LIFE Program?

2018 Anything Is Possible Scholarship

Part VI: Parent/Guardian Information

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

RELATIONSHIP TO APPLICANT: _____

I understand that _____ is applying for a scholarship to help financially enrollment in the Bridge to Independence program at Nicholls State University or the LIFE Program at the University of Louisiana at Lafayette. If he/she is awarded this scholarship, I will help to ensure that he/she is able to attend the program. I understand that if awarded this scholarship, that documentation will need to be provided as to how and where the scholarship money will be spent. I certify that he/she meets the following eligibility criteria: has Down syndrome and is 18 years of age or older; and intends to continue studying or enroll in a postsecondary program or enrichment course.

Signature _____ Date _____

Print
Name _____