

## **OWEN ALEXANDER OLIVIER MEMORIAL SCHOLARSHIP**

### **PURPOSE**

The purpose of the Owen Alexander Olivier Memorial Scholarship is to provide an individual with Down syndrome the opportunity to participate in hippotherapy or music therapy.

### **CRITERIA FOR SELECTION OF SCHOLARSHIP RECIPIENT**

There will be one recipient chosen annually based on the following criteria:

1. The recipient must be diagnosed with Down syndrome.
2. The recipient must be a Louisiana resident.
3. The recipient must be 0 to 18 years of age.

### **APPLICATION PROCESS**

The application for the Owen Alexander Olivier Memorial Scholarship can be found on the Upside Downs website, [www.upside-downs.org](http://www.upside-downs.org). Applications are to be submitted directly to Upside Downs via mail at PO Box 1819, Thibodaux, Louisiana 70302.

The deadline to submit the application is December 31, 2018. The scholarship recipient and all non-recipients will be notified via mail no later than January 31, 2019.

### **SCHOLARSHIP DISBURSMENT**

Scholarship monies will be dispersed directly to an institution approved to perform hippo therapy or music therapy. The parent(s) of the recipient must select the institution and it must be approved by Upside Downs prior to the scholarship disbursement. No monies will be given directly from Upside Downs to the scholarship recipient. The recipient and/or guardian shall sign a HIPPA waiver with the provider that authorizes provider to discuss medical bills and/or billing with Upside Downs in order to effectuate payment.

### **RETENTION**

One recipient will be chosen annually and will retain the full scholarship disbursement over the course of one year. After a recipient is chosen for the scholarship, he or she will not be eligible to receive the scholarship again. If the scholarship is not used within the one-year period, the scholarship is forfeited.

**OWEN ALEXANDER OLIVIER MEMORIAL SCHOLARSHIP  
APPLICATION**

*\*Please fill out the following application as it applies to the applicant.*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Has the applicant been diagnosed with Down syndrome?     yes             no

Has the applicant participated in:

    Hippotherapy?         yes             no

    Music Therapy?        yes             no

Please select the type of therapy the applicant would like to participate in:

Hippotherapy

Music Therapy

Reason for therapy selection:

---

---

---

---

Please list any additional information about the applicant.

---

---

---