

***Williams Syndrome Association
Educational / Vocational
Postsecondary Scholarship Application***



The Williams Syndrome Association provides scholarship funding to young adults **who are members of the WSA** and are pursuing postsecondary education in academics and / or vocational and life skills programs. Grants are provided for a one year period and may be awarded based on:

- ▶ Current membership status
- ▶ The income of the applicant
- ▶ Any / all other funding sources (parent, trust funds, agencies etc.)
- ▶ The students expressed desire to attend the program
- ▶ The student's ability to succeed in the program

Applications for additional funding, (in subsequent years) will be considered only if funding is still available after all new applications have been considered.

Scholarship application deadlines are twice yearly: **March 31 and July 31**
Applicant notifications will be sent on the 30th of the month following each deadline. All awards will be sent directly to the post secondary program office on behalf of the student.

Student's Name: _____

Social Security #: _____ **DOB:** _____

Parent(s) or Guardian(s): _____

Address of Applicant: _____

City: _____ **State:** _____ **Zip code:** _____

Phone: _____ **Cell Phone:** _____

E-mail: _____ **2nd e-mail:** _____

Applicant resides: With Parents Independently

Have you ever participated in a WSA fundraising event? No Yes
If yes, which ones: _____

Have you received a WSA Scholarship in the past? No Yes
If yes, which ones: _____ When: _____

POSTSECONDARY PROGRAM INFORMATION

(use additional page if needed to complete answers)

Name of Program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Admission's Director: _____ Phone: _____

Program Start Date: _____

Duration of Program (Number of years): _____

Description of General Program Goals: _____

Yearly Tuition: \$ _____

Room & Board: \$ _____

Additional Expenses: \$ _____

Please describe additional expenses: _____

Yearly Total of program: \$ _____

Amount requested from WSA: \$ _____

Other Funding Sources (supporting documentation required):

Name: _____ Requested \$ _____ Received \$ _____

Name: _____ Requested \$ _____ Received \$ _____

Name: _____ Requested \$ _____ Received \$ _____

FINANCIAL INFORMATION

Current Yearly Household Income (per IRS tax return) \$ _____

Number of dependents living at home: _____

Additional Income: \$ _____

Total Yearly Income: \$ _____

Does Applicant receive SSI payments: No Yes, annual amount: \$ _____

Do you have any additional 'Out of Pocket' expenses for:

Elderly Parents: No Yes, amount: \$ _____

Tuition for other Children: No Yes, amount: \$ _____

Medical expenses (paid or accumulating): No Yes, amount: \$ _____

(If you answered yes to any of the above, supporting documentation must be provided)

APPLICANT INFORMATION

High School Attended: _____ Year Graduated: _____

High School Program Type: General Education
 Special Education
 Vocational
 Other, please describe: _____

Diploma Type: _____

The following questions are to be completed by the student (use the back of this page or additional sheets if necessary - your answers may be handwritten, printed or typed.

1. Why would you like to attend this post secondary program?

2. What are your goals for living and working in your community upon graduation?

3. How will you use the experience you gain at school to help attain these goals?

Please send the following to: WSA Scholarship Committee
570 Kirts Blvd, Suite 223, Troy MI 48084

- Completed application*
- Copy of your letter of acceptance to the postsecondary program*
- Copy of the first 2 pages of your IRS tax form*
- Documentation to support additional funding*
- Documentation to support additional 'Out of Pocket' expenses*
- Minimum of one recommendation for the program from a teacher*