



## 2024 George & Evelyn Cifra Memorial Sibling Scholarship Application

*Please indicate "N/A" if any information requested for application is not applicable.*

### **PERSONAL INFORMATION:**

(Please type or print clearly.)

Name:

\_\_\_\_\_

(First)

\_\_\_\_\_

(Middle Initial)

\_\_\_\_\_

(Last)

Mailing Address:

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

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

Parent or Guardian Contact Information:

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

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

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

County of Residence of Applicant: \_\_\_\_\_

County of Residence of Sibling with Down syndrome: \_\_\_\_\_

Name of sibling with Down syndrome: \_\_\_\_\_

### **SCHOOL INFORMATION:**

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

Graduation Date (month/year): \_\_\_\_\_

College/University/Vo-Tech School Applicant attends or plans to attend:

\_\_\_\_\_

Have you been accepted?    Yes                  No



Is this school a:

- 4-year College/University
- Community College
- Vo-Tech
- Other: \_\_\_\_\_

Education level working towards:

- Undergraduate
- Graduate
- Doctorate
- Other: \_\_\_\_\_

Student will:

- Live on campus
- Live off campus
- Commute
- Other: \_\_\_\_\_

Student will be enrolled:

- Full-Time
- Part-Time
- Other: \_\_\_\_\_

Anticipated date of graduation from post-secondary program (month/year) : \_\_\_\_\_

Major field of study applicant plans to pursue:

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Profession in which student aspires to work:

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Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year:

Name of Award	Amount	Granted	Pending

**EXTRACURRICULAR ACTIVITIES:**

List activities in which you have participated during the past four years (i.e. student government, music, sports) including school and community activities and employment. (Attach a separate sheet of paper if necessary.)

School and Community Activities and/or Employment	Total Hours Over 4 Years	Awards/Recognition/Honors Associated with This Activity

Have you ever volunteered for DSANEO?

- Yes (if yes, please explain below)
- No

DSANEO Activity	Total Hours

**2024 ESSAY:**

All applicants must submit an essay. The essay should be typed, double spaced, 12-point Times New Roman font and two page maximum.

***Please write about an experience where you persevered through a challenging time in order to achieve something that was important to you.***



**Signature:**

By signing below you agree that if awarded a George & Evelyn Cifra Memorial Sibling Scholarship you will provide a photo of you and your sibling with Down syndrome for DSANEO publications. You also agree that as a grant recipient, you will volunteer for DSANEO within the next 12 months.

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Signature

Date

**Send to:**

DSANEO

Attn: Scholarship Committee

6533 B Brecksville Rd.

Independence, OH 44131

Application packages must be postmarked by **Monday, July 15, 2024.**

OR

Email completed application to [toni@dsaneo.org](mailto:toni@dsaneo.org) with subject line: "ATTN: Scholarship Committee" If submitting an application electronically, applications must be received by **midnight on Monday, July 15, 2024.**