



The Brighterside Of Down Syndrome
of San Joaquin County

P.O. Box 32252 Stockton, CA 95213-2252

(209) 598-3441 or (209) 602-2077

Tax ID# 51-059-1929

College Scholarship Application
Due April 30, 2018

NAME: _____

Date of Birth: _____

Email Address: _____

Address:

Street _____

City _____ **State** _____ **Zip** _____

Enrollment Status:

New Freshmen _____ **Existing Student** _____

Name of College: _____

Intended Major: _____

Current High School: _____

Name of sibling/child who has Down syndrome: _____

Age of sibling: _____

Have you been involved in TBODS?

If so, explain: (may attach) _____

List below any honors that you have received: Include Academic, Extracurricular, Athletic, Community Service, etc.

I certify that the information submitted is true and completed to the best of my knowledge.

Signature of Applicant

Date

Along with this application should be an essay of at least 350, and no more than 500, words typed answering in detail the following questions:

- **Why do you want to go to college?**
- **How has your sibling with Down syndrome impacted your life?**

Or, if the above question doesn't apply:

- **Tell us how you have supported TBODS. Please include:**
 - **Name of event(s) that you have participated in**
 - **What type of activities you have performed**
 - **How long you have been assisting**

Please email your application, current transcript, and essay to:

tbods21@gmail.com

Or, mail to:

P.O. Box 32252 Stockton, CA 95213-2252