



Presents

# A. L. I. V. E.

*Abilities, Life skills, Independence training, Vitality, and Education*

## 2011 Scholarship Application

We are glad you are interested in the Denver Adult Down Syndrome Clinic's ALIVE! life skills classes. We receive donations from foundations, hold an annual fund raiser and charge tuition to cover the cost of these classes. We specifically raise money to be able to offer scholarships for students to take the classes.

The cost of the classes is \$200 per quarter. No student will be turned away due to financial need.

### Applicant Information:

Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_

### Living Situation:

Own home/apartment: \_\_\_\_\_ Host Home: \_\_\_\_\_ Group Home: \_\_\_\_\_

Parents' Home: \_\_\_\_\_ Other: \_\_\_\_\_

### Please Tell Us:

1. Why is it important to you to participate in this activity?
  
  
  
  
  
  
  
  
  
  
2. Why do you need financial aid to participate in this program?

3. Do you have a job? If so, how much money do you make each month?

4. Do you receive SSI benefits?

5. Could your Community Center Board pay for this activity?

6. How much money can you contribute to the cost of this activity?

Please mail completed scholarship application forms to:

DADSC

Attn: ALIVE! Scholarship

700 Potomac Street, Suite A

Aurora, CO 80011

(303) 762-6545

[www.denverdsclinic.org](http://www.denverdsclinic.org)

director@denverdsclinic.org

For Office Use Only:

Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_