DADS Omaha Access & Opportunity Award Application

Scholarship Purpose:

The Access & Opportunity Award provides financial assistance to families of individuals with Down syndrome, helping cover essential costs related to learning and personal development that foster growth and inclusion. Offered in partnership with nonprofit organizations in the Omaha area, this award reflects the DADS Omaha mission to assist and support families through fellowship and action.

Financial need, demonstrated by eligibility for free or reduced school lunch, or other means demonstrated by the applicant, is a key consideration. The award is available to individuals elementary age or older in the Omaha metro area and is designed to support activities and programs that are not otherwise funded by grants or government reimbursement.

Applications should be submitted in advance whenever possible, allowing scholarship funds to be disbursed directly to the nonprofit program sponsor.

Note: Brief applications will be considered and DADS Omaha will attempt to respond in a timely manner.

PLEASE PRINT THE FOLLOWING INFORMATION

1. Applicant (Individual with Down syndrome) Information:

Full Name:_____

Age (on date of application): _____

Street Address: _____

City: _____ State: _____ Zip:_____

Phone Number: _____

Email Address: _____

2. Parent/Guardian Information:

Parent/Guardian Full Name: _____

Street Address: _____

City: _____ State: _____ Zip:_____

Phone Number: _____

Email Address: _____

Communications regarding this application may be sent to (please check one or both):

☐ Applicant; ☐ Parent/Guardian

3. Scholarship Amount Requested: $_____ (suggested amount is up to $500, although compelling requests for additional amounts will be considered)

4. Financial Need: Do you or an immediate family member receive free or reduced cost lunch at school, or if you are out of school, did you or an immediate family member receive free or reduced cost lunch when in school?

☐ Yes ☐ No If yes, please identify the school and year:

_____

5. Program/Activity Request Details:

How do you plan to use the scholarship funds? Please identify the provider of the program, camp or activity, along with the date(s) of the program, camp or activity, the costs thereof, along with any explanatory links or materials (if additional space is needed, please attach additional pages).

_____

_____

Is the program or activity, or any portion, paid for or reimbursed from any governmental source, including the State of Nebraska?

☐ Yes ☐ No If yes, describe:

_____

_____

Have you received a DADS Omaha scholarship before?

☐ Yes ☐ No

If yes, when, and what was it used for? _____

6. Additional Information:

Please identify your interests, hobbies, achievements, skills, milestones or goals (if additional space is needed, attach up to two additional pages; links and additional information is optional).

_____

_____

Describe how this scholarship will positively impact you and your family and provide any additional information you wish to be considered by the scholarship award committee (if additional space is needed, attach up to two additional pages).

_____

_____

7. Celebrate Your Story – Publicity Consent/Confidentiality:

a. To celebrate your accomplishments and promote the DADS Omaha Scholarship Program, do you grant permission for DADS Omaha to share and publicize any information contained in or accompanying this application (not specifically identified as confidential in 7.b. below) or in connection with any award of a scholarship, including your name and your parent/guardian's name, participation, achievements, related activities, and any associated materials, photos or videos?

☐ Yes ☐ No

b. Is any of the information included in this application considered confidential?

☐ Yes ☐ No If yes, identify the confidential information:

_____

_____

8. Acknowledgment:

By signing below, I certify that the information provided in this application is true and complete. This application and any materials submitted will be the property of Dads Appreciating Down Syndrome Inc. (herein, "DADS Omaha"). I understand that scholarship funds may be considered taxable income and may affect eligibility for, or the amount of, Supplemental Security Income (SSI) or other government benefits, and agree to consult my advisors regarding such matters and in no way rely upon DADS Omaha regarding such matters.

If applicable, a parent or legal guardian also acknowledges, agrees and consents to the above in this application, including the use of this information by DADS Omaha for scholarship-related purposes, including publicity, as described above.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Parent/Guardian Date

Award Process:

- **Brief applications will be considered and DADS Omaha will attempt to respond in a timely manner.**
- In the normal cycle, scholarship applications are reviewed and awarded at least once per quarter. Scholarship applications received by the last day of February, May, August and November are to be reviewed by the end of the following month (end of the calendar quarter), at which time they may be approved, declined or deferred.
- Distribution of funds will be made to nonprofit program providers for the benefit of the scholarship recipient following receipt of any additional disbursement information and verification of costs to be requested, if necessary, of scholarship recipients.

Submission Information:

Please submit this application to:

Email: scholarships@dadsomaha.org OR Mail to:

DADS Omaha
8216 S 101st ST
La Vista, NE 68128

For questions or assistance with the application process, please contact:

Email: scholarships@dadsomaha.org
Phone: (402) 980-0609