

**DOWN SYNDROME CONNECTION
STEP CLASS SCHOLARSHIP APPLICATION**

Please complete the application in order to be considered for a scholarship for Step Classes for the upcoming or current Step Season. Please be aware that there are a limited number of scholarships available and we will do our best to meet your needs.

Child's Name: _____

Birth Date: _____

Name of Class: _____

Parent's Name: _____

Address: _____

City/State/Zip: _____

Phone#: _____

Cell#: _____

Email: _____

Please state the reasons why a scholarship is necessary at this time. Please list any extenuating circumstances of which we should be aware of that directly impact your current financial situation (i.e. loss of a job, number of children in your house, etc.)

Signature

Date

** Please know that all information will be kept strictly confidential.*