

## **DSAG Communication Technology Scholarship Policy**

The Down Syndrome Awareness Group of East Tennessee has established a scholarship fund to provide qualified members with Down syndrome assistance in paying for certain Communication Technology devices. These devices may include, but are not limited to, voice output systems, picture communication systems and computer software that may build skill and strengthen overall communication. These funds are available to DSAG families through a generous donation from Rainbow Girls of Tennessee and are specifically designated for Assistive Speech/Language Technology.

**To qualify for the available funding, an applicant must be a current member of DSAG and reside in one of the following East Tennessee counties: Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Hancock, Hawkins, Jefferson, Knox, Loudon, McMinn, Morgan, Roane, Scott, Sevier or Union.** Applicants or their parents/guardians may submit an application including information on how the use of the device may improve the applicant's ability to communicate. Funding will be available on a first-come, first-serve basis. Once the funding has been exhausted no additional funding will be available. Consideration will be given to whether a qualified Speech/Language Specialist has assisted in the recommendation. Once the resources/device has been purchased for the approved applicant, it will be considered their personal property and therefore DSAG will NOT be responsible for repairs or replacement of the device.

Applications for a scholarship may be found in the **January/February** newsletter, at membership meetings or on the DSAG website at [www.dsagtn.org](http://www.dsagtn.org).

Please mail your application to:

DSAG  
Attention: Technology Scholarship  
P. O. Box 53575  
Knoxville, TN 37950-3575

Upon request, documentation should be submitted to the DSAG Executive Director providing information on the device/technology requested. East Tennessee Technology Access Center (ETTAC) will also offer several training sessions to help select the most appropriate device, unless otherwise determined by a Speech/Language Specialist. Please allow at least two weeks from the date of receipt for a decision to be made on your application.

**Scholarships for Communication Technology Devices will be limited and available on a first-come first served basis. Scholarships will be limited to ONE scholarship per individual with Down syndrome.**

DSAG is excited to initiate this new benefit for its members. We hope to utilize the funds to their fullest through our collaboration with ETTAC and Speech/Language Specialists.

If you have any question please call the pager at (865) 905-2968 and the Executive Director will return your call.

**Disclaimer of Endorsement:** DSAG is not endorsing any particular supplier of any technology devices by purchasing it for a DSAG member.

**Disclaimer of Liability:** DSAG does not assume any liability for any devices funded by this scholarship. Liability remains solely with the participant.

**DOWN SYNDROME AWARENESS GROUP OF EAST TENNESSEE  
TECHNOLOGY SCHOLARSHIP FUND APPLICATION**

DATE SUBMITTED: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN OF APPLICANT (if applicable): \_\_\_\_\_

ADDRESS:

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

DAYTIME PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_

E-MAIL ADDRESS (if available): \_\_\_\_\_

ITEMS/SERVICES REQUESTED BY APPLICANT:

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

APPROXIMATE AMOUNT/COST FOR ITEMS/SERVICES REQUESTED: \$\_\_\_\_\_ (if known)

**(REMINDER: DSAG DOES NOT PAY THE APPLICANT DIRECTLY, BUT WILL PURCHASE  
DEVICES/TECHNOLOGY DIRECTLY)**

PLEASE PROVIDE BRIEF DETAILS ON HOW YOUR REQUEST WILL BENEFIT YOUR FAMILY MEMBER WITH  
DOWN SYNDROME. INCLUDE PROFESSIONAL RECOMMENDATIONS FROM ETTAC OR SPEECH/LANGUAGE  
SPECIALIST (attach separate sheet with additional information if necessary):

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

DATE DEVICE IS REQUESTED: \_\_\_\_\_

HAVE YOU APPLIED FOR ANY DSAG SCHOLARSHIP SINCE JANUARY 1ST OF THIS YEAR? (YES OR  
NO) \_\_\_\_\_ IF YES, IN WHAT MONTH WAS THE REQUEST MADE? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR LEGAL PARENT/GUARDIAN

**PLEASE MAIL TO:  
DSAG  
P.O. Box 53575  
Knoxville, TN 37950-3575  
ATTENTION: TECHNOLOGY SCHOLARSHIP**