

Sammy Sartoris T-21 Friendship Foundation
For Down syndrome awareness

Full Legal Name _____

Date of Birth _____

Address _____

Parents or guardian _____

Email address _____

Name of High School _____

College or Vocational school you plan to attend _____

Plans for after you finish your education _____

Do you plan to be a full time student? _____ if no, please explain

How will your education benefit those born with Down syndrome _____

Please attach list of your interaction with individuals born with Down syndrome in the school settings.

Please attach list your interactions with individuals with Down syndrome outside of the school setting.

Please attach a short explanation on how people with Down syndrome can be a positive member of our society and how they have influenced your life and future.

Please attach a short explanation on what you would do if someone in your group of friends used the r-word, and what you would do if you heard a stranger use the r-word.

Please attach school activities

Please attach list of community activities

Please return your application to MaryAnn Sartoris, 2800 N. Highway A1A #706, Hutchison Island, Florida 34949.....email-sartorismaryann@gmail.com

Must be submitted by 3-21-2020