**Lucas County Board of Developmental Disabilities**

**Request for DSP Higher Education Incentive 2025**

Name: \_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD Employer name: \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Applying for: \_\_\_\_\_ DSP College Student Incentive Student College ID#\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**($1000 one-time tuition reimbursement paid to the enrolled college)**

College/University: [ ] BGSU [ ] Owens Community College [] University of Toledo

[ ] Davis College [ ] Stautzenberger College [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently Attending and Semester Dates: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit documentation showing completion of 200 hours worked and quarter/semesters grades once completed for payment.

**This form along with all documentation can be emailed to**:[DSPApplicants@lucasdd.org](mailto:DSPApplicants@lucasdd.org)

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**Office Use Only**

Application Received on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[] Approved [ ] Denied and Reason of Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completion of 200 hours worked and quarter/semester grades documentation received on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (See Attached)

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

Provider Support Signature Date

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

Superintendent Signature Date