

NEW JERSEY *COUNCIL FOR EXCEPTIONAL CHILDREN*/2010 SCHOLARSHIP PROGRAM

The Council for Exceptional Children is a non-profit professional organization founded in 1922. The 2,000 New Jersey members are dedicated to quality education for all exceptional children.

The New Jersey Council for Exceptional Children will award several scholarships annually, ranging from \$250.00 to \$1,000.00 to high school seniors who are disabled and who will be pursuing some form of post-secondary education or training.

To be eligible, an individual must send 5 completed packets to: *Mr. Barry Schwartz, Awards Chair NJCEC, 17 Rossmore Terrace; Livingston, NJ, 07039.*

All nominations MUST be post marked by February 1, 2010.

Incomplete applications and/or less than 5 completed nomination packets or applications received after the deadline will not be considered.

Each of the 5 packets must include the following items:

- a. Completed scholarship application.
- b. A statement from the child study team indicating a recognized disability.
DO NOT SEND I.E.P's or confidential study team records/files.
- c. Complete an approved secondary education program and provide a transcript of that program. District grading policies should be included.
- d. Two letters of recommendation.
- e. Submit evidence of acceptance to a post-secondary education or training program. (This may be sent after the scholarship is accepted).
- f. Provide the name and address of your local newspaper for a press release.

These may include 2 or 4 year colleges, technical schools, business schools, fine arts institutes, or other recognized programs.

Only scholarship winners will be notified by mail

QUESTIONS? Contact Mr. Barry Schwartz

Phone: (Evenings) (973)-533-0420 E-mail: bms17@verizon.net

2010 SCHOLARSHIP APPLICATION

Name: _____ Home Phone (_____) _____ Email _____

Address: _____ Town: _____

Zip Code: _____ County _____

Name of Secondary School: _____

Graduation Date: _____ Awards Ceremony Date: _____

Name and title of school official recommending you: _____

1. Name and address of the post -secondary school you will attend:

Please attach a copy of you acceptance letter.

What subject area are you planning to study? _____

2. What is, or was, your high school Grade Point Average? _____

3. Briefly describe the nature of your disability: _____

4. List any school activities you have had _____

5. List any community activities you have had: _____

6. List any employment experience you have had: _____

7. List your interests, hobbies and special talents/gifts: _____

8. List any awards, honors or other achievements: _____

9. State in 150 words or less, why you are applying for this scholarship: (Use additional paper)

Signature of applicant: _____ Date: _____

Name of Parent(s) or Guardian: _____

Address: _____

Town: _____ ZIP Code: _____ Phone () _____

Please provide the name and address of your local newspaper for a press release if you are selected: _____

