

SUSSEX COUNTY SCHOOL COUNSELORS ASSOCIATION SCHOLARSHIP
One Recipient Per Sussex County High School (\$100)

Return by May 21, 2019

NAME: _____ PHONE: _____

ADDRESS: _____

HIGH SCHOOL: _____ COUNSELOR: _____

FATHER/STEPFATHER: _____ OCCUPATION: _____

MOTHER/STEPMOTHER: _____ OCCUPATION: _____

OTHER CHILDREN IN FAMILY: NAME(S) AND SCHOOL(S):

Scholarship Requirements:

1. You must be accepted at a four year institution of higher learner with plans to start Fall Semester, 2019
2. Pursuing a career in one of the following fields: Counseling, Social Work, Speech Therapy, Occupational Therapy, Physical Therapy

School I plan to attend _____ Major _____

Approximate cost: Tuition _____ Room/Board _____

Total family income for 2018 that will be reported on 2018 tax return. _____

- On a separate piece of paper, describe any extenuating circumstance in your family's financial situation, i.e. periods of unemployment, etc. **Statement must be typed.**
- On a separate piece of paper, write a one page essay addressing the following:
 - Your decision/reasons behind pursuing a career in one of the above named fields **AND**
 - Your service to school and/or community **Essay must be typed.**
- Attach an up-to-date official transcript which includes fall semester senior grades and one letter of recommendation from your school personnel.

Return completed application to:

Donna Picciuto
Vernon Township High School
PO Box 800
Vernon, NJ 07462

Signature of Applicant