



ACES DETERMINATION SCHOLARSHIP APPLICATION FORM

DESCRIPTION:

Up to two ACES Determination scholarships, each in the amount of \$500 will be awarded to graduating high school students with a disability. Applicants must be residents of Columbia County or a child of a Coarc employee who have been accepted and matriculated in an undergraduate college-level program of study. **Applicants must have a current Individual Education Plan (IEP) or 504 Plan on file with their school district and verification of this must be sent by the school district.** Academic performance and personal recommendations will be considered in awarding the scholarships.

APPLICANT'S NAME: _____

ADDRESS:

STREET: _____ **CITY, STATE, ZIP:** _____

TELEPHONE: _____ **EMAIL ADDRESS:** _____

HIGH SCHOOL CURRENTLY ATTENDING: _____

PARENT OR GUARDIAN (if a minor):

NAME AND ADDRESS OF COLLEGE WHICH APPLICANT HAS BEEN ACCEPTED:

MAJOR COURSE OF STUDY: _____

ANTICIPATED FUTURE OCCUPATIONAL GOAL: _____

ACADEMIC PERFORMANCE - (outstanding academic achievements or other relevant information.)

LIST EXTRACURRICULAR, COMMUNITY ACTIVITIES OR EMPLOYMENT EXPERIENCES:

LIST TWO REFERENCES AND ARRANGE FOR TWO CURRENT LETTERS OF RECOMMENDATION TO BE MAILED TO COARC SCHOLARSHIPS, PO BOX 2, MELLENVILLE, NY 12544 BY MAY 3, 2021 (Applications will not be considered without these.):

Name	Address	Telephone Number
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Name	Address	Telephone Number
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PLEASE WRITE A BRIEF ESSAY ON A SEPARATE PAGE IN 200 WORDS OR LESS EXPLAINING WHY YOU THINK THAT YOU SHOULD BE CONSIDERED. YOUR STATEMENT MAY INCLUDE:

- A DESCRIPTION OF YOUR EDUCATIONAL EXPERIENCES SO FAR, INCLUDING BARRIERS OVERCOME AND OPPORTUNITIES REALIZED
- AN OUTLINE OF YOUR EDUCATIONAL AND CAREER GOALS

ADDITIONAL INFORMATION THAT THE APPLICANT CONSIDERS PERTINENT TO WORKING WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES: (Optional)

Applicant's Signature

Date

DEADLINE FOR APPLYING: MAY 3, 2021

PLEASE MAIL COMPLETED APPLICATION FORM, LETTERS OF RECOMMENDATION AND LETTER OF VERIFICATION OF IEP OR 504 STATUS FROM YOUR SCHOOL DISTRICT TO:

COARC SCHOLARSHIP
PO BOX 2
MELLENVILLE, NY 12544

PLEASE NOTE:

IF YOU ARE CHOSEN AS THE RECIPIENT OF THIS AWARD AND IF THE COARC ANNUAL MEETING IS HELD IN-PERSON, YOU MUST ATTEND ON MONDAY JUNE 21, 2021 TO ACCEPT THE AWARD.

THANK YOU FOR APPLYING AND GOOD LUCK!

