



**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 living 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 or Trade School. **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 OR TRADE SCHOOL 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 or EMAILED TO PAMELAD@COARC.ORG BY MAY 1, 2026 (Applications will not be considered without these.):**

---

Name	Address	Telephone Number
------	---------	------------------

---

Name	Address	Telephone Number
------	---------	------------------

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 LIVING WITH A DISABILITY: (Optional)

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**DEADLINE FOR APPLYING: MAY 1, 2026**

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

**MAIL:**  
COARC SCHOLARSHIP  
PO BOX 2  
MELLENVILLE, NY 12544

**EMAIL:**  
pamelad@coarc.org

**PLEASE NOTE:**

**IF YOU ARE CHOSEN AS THE RECIPIENT OF THIS AWARD YOU WILL BE NOTIFIED OF THE TIME AND PLACE OF THE AWARD PRESENTATION.**

**THANK YOU FOR APPLYING AND GOOD LUCK!**

