

Sussex-Warren Directors, Supervisors & Coordinators of Special Services Association

2023-2024 Dr. MaryLou Varley & Mary Grace Rudolph Memorial Scholarships Application

This Scholarship will be awarded annually to a graduating senior who is either a resident of Sussex or Warren County and who is eligible to receive special education and/or related services. The applicant needs to certify plans to further their education before applying. The awards will consist of four \$1,000 awards.

THE APPLICATION PACKET MUST INCLUDE THE FOLLOWING:

- This completed scholarship application
- Two (2) letters of recommendation.
 - One should be from an educator who is familiar with your schooling
 - The other reference may be a second educator, employer reference, or community member of your choosing.
- Evidence of acceptance to a post-secondary education or training program. This may include two or four-year colleges, technical schools, business schools, fine arts institutes, or other recognized programs.
- Certification of graduation, grade point average, and eligibility of special education (certified by the guidance counselor and/or Child Study Team personnel).

ALL INFORMATION MUST BE POSTMARKED BY *WEDNESDAY MARCH 15, 2024* IN ORDER TO BE CONSIDERED FOR AN AWARD. *No late applications will be considered*

PLEASE TYPE THE INFORMATION

Date of Application: _____

Name: _____

County of Residence: _____

Mailing Address: _____

Home Phone #: _____

High School: _____

High School Phone #: _____

School Address: _____

High School Grade Point Average: _____

Name & Email of Case Manager: _____

Please list your high school activities including extracurriculars, and the year(s) participated (i.e. track, football, 9th and 10th grades, student council, chess club):

Please list any community activities (i.e. Church scouting, etc.):

Do you hold a part-time job? Yes _____ No _____

If yes, where are you employed and what type of work do you do?

Are there special circumstances that prevent you from working (family obligations/
responsibilities)? Yes _____ No _____

If yes, please explain:

Please note your plans for continuing your education after graduating from high school:

Have you been accepted to a college or post-secondary school?

Yes _____ No _____

If yes, please attach a copy of your acceptance letter.

In a brief narrative, please identify your disability, explain how your disability has impacted your education and how you have compensated/overcome your educational disability (attach additional pages if necessary):

List your interests, hobbies, talents, and awards:

Have you received any other awards of financial aid? Yes _____ No _____

If yes, please note the amount of the award _____

When the application is complete, please mail the entire application packet, including a picture if possible. The packet must be postmarked no later than **Wednesday, March 15, 2024**. Please submit it to the following address:

North Warren Regional School District
PO Box 410
10 Noe Road
Blairstown, NJ 07825
Attn: Loren Marcus