

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

Return by May 21, 2021

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, 2021
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 2020 that will be reported on 2020 tax return. \_\_\_\_\_

- On a separate piece of paper, describe any extenuating circumstance in your family's financial situation, i.e. periods of unemployment, etc.
- 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
- 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  
PO Box 219/30 Sammis Road  
Vernon, NJ 07462

\_\_\_\_\_  
Signature of Applicant