SUSSEX COUNTY SCHOOL COUNSELORS ASSOCIATION SCHOLARSHIP

Two Recipients Chosen out of all the Sussex County High Schools ($500 each)

Return by April 15, 2026

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, 2026
2. Pursuing a career in one of the following fields: Counseling, Social Work, Psychology, Speech Therapy, Occupational Therapy, Physical Therapy

School I plan to attend _____ Major _____

Approximate cost: Tuition _____ Room/Board _____

Total family income for 2025 that will be reported on 2025 tax return. _____

☐ 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

****PLEASE DO NOT USE YOUR NAME OR ANY MENTION OF YOUR HIGH SCHOOL OR TOWN IN THE ESSAY****

☐ Attach an up-to-date official transcript which includes current senior grades

☐ On a separate piece of paper, describe any extenuating circumstance in your family's financial situation, i.e. periods of unemployment, etc. (if applicable)

****PLEASE DO NOT USE YOUR NAME OR ANY MENTION OF YOUR HIGH SCHOOL OR TOWN IN THIS SUBMISSION****

Return completed application by mail or Email to:

Donna Picciuto Email: dpicciuto@vtsd.com
PO Box 219/30 Sammis Road
Vernon, NJ 07462