JOHN CARY SCHOLARSHIP APPLICATION
2015-2016 SCHOOL YEAR

Introduction
The John Cary Scholarship is given in honor of John Cary, former Superintendent of Schools for the Special School District. As superintendent, John gave tirelessly of his time to students, staff and parents. A hallmark of John’s leadership was the caring and generous hand he extended to the Special Education Foundation.

The John Cary Scholarship will be given to a graduating student who receives services from the Special School District of St. Louis County – special education and/or technical education. The selected student will reflect the characteristics most admired by John Cary – resiliency, courage and determination.

The Special Education Foundation’s John Cary Scholarship is for $5,000 and can be used for tuition only. The scholarship must be used during the 2016-2017 school year.

All applications must be complete for consideration and must include a copy of pages 1 and 2 of Form 1040 from the family’s most recent tax return. Selection is determined by a committee comprised of SEF Board, SSD Board, SSD Superintendent, two former superintendents and Carol Cary.

Send the completed and signed application form along with the required tax return to:
Special Education Foundation, 13545 Barrett Parkway Drive, Suite 300, Ballwin, MO 63021
Applications, with required documents, must be received by April 1, 2016.

Items considered for awarding of scholarship are:
• Student Essay - The essay should focus on student resiliency and determination to succeed.
• Letters of Recommendation - Two letters are required. One letter should be from the student’s SSD teacher. The other should be from a professional (school counselor, minister, etc.) Letters should reflect student’s determination to succeed, his/her achievement beyond expectations and provide specific examples of each.
• Financial Need
• Academics
• Activities
• Attendance

Requirements
A few considerations are essential. The absence of these elements will disqualify your application or adversely impact its evaluation.
• The essay must be written by the student and be specific to resiliency, courage and determination.
• It also must state why the scholarship is requested and how it will benefit the applicant. Limit to two pages.
• The application should be neat and well organized. Writing should be clear and accurate.
• The application must be complete. All information must be submitted in the application form. Attachments, such as resumes in place of the information requested in the form, will NOT be accepted.
• Appropriate signatures are required.
• An official transcript is required.

APPLICATIONS MUST BE RECEIVED BY APRIL 1, 2016.
QUESTIONS? Call Diane Buhr at 314-394-7030 or email diane@sef-stl.org
SEF JOHN CARY SCHOLARSHIP APPLICATION

1. THIS SECTION (1) IS TO BE COMPLETED BY THE APPLICANT

Name ____________________________________________________________

Address __________________________________________________________

Street City State Zip

Home Phone (____) ____________________________

Parent/Legal Guardian(s) Name ______________________________________

Parent/Legal Guardian(s) Work/Cell Phone (____) _________________________

Parent/Legal Guardian(s) Email _______________________________________

Parent/Legal Guardian(s) Address (if different from the applicant) _________________________________

Street City State Zip

Date of Birth ____________________________ Male __________ Female __________

School _______________________________ District ________________

Applicant’s Signature ____________________________ Date ________________

2. THIS SECTION (2) IS TO BE COMPLETED BY THE APPLICANT’S SSD TEACHER

Indicate the Special School District program in which applicant is enrolled.

☐ Career/Technical ☐ Special Education

School _______________________________ District ________________________

School Address ______________________________________________________

Street City State Zip

Name of School Counselor ______________________________________________

Name of SSD Teacher _________________________________________________

Teacher’s Phone (____) ________________________ Teacher’s Voicemail ______

Teacher’s Email Address ______________________________________________

Teacher’s Mailing Address _____________________________________________

Street City State Zip

Teacher’s signature ____________________________ Date ________________
Check the appropriate types of program and service the applicant is receiving, if applicable.

Program:
- □ Autism
- □ Behavior Disorder
- □ Hearing Impaired
- □ Other Health Impaired
- □ Learning Disabled
- □ Physically Impaired
- □ Vision Impaired
- □ Developmentally Disabled
- □ Speech/Language Impaired

Service:
- □ Itinerant
- □ Self-Contained
- □ Resource
- □ Other: ____________________________________________

SECTIONS 3 THROUGH 11 ARE TO BE COMPLETED BY THE APPLICANT

3. List school(s) attended in the last four years, including the current school:

<table>
<thead>
<tr>
<th>Date Enrolled</th>
<th>School</th>
<th>City/State</th>
<th>Grade Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. To what school or program would scholarship support be applied?

Name of School Program _____________________________________________________________

Location of School Program ________________________________________________________

City                                                                                   State                         Zip

5. Estimate minimum funds required to attend chosen school or program in 2016 $__________

6. Financial Need Criteria: Attach the most recent tax return (pages 1 & 2 of Form 1040).

Applicant’s Statement of Financial Need:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

7. On a separate sheet(s) of paper, write an essay stating the reasons for needing this scholarship, including the expected benefits from attending the school or program. Please write about your resiliency, your determination to succeed and obstacles overcome and give examples of all. Include any information that you feel would help to convince the committee that you deserve this scholarship. Limit the essay to two pages.

The following information is required to process the application.

8. Academics: Grade Point Average ________________________________________________
9. Activities: Include, but not limited to; arts, athletics, community service, volunteer activities and employment.

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

10. Awards and Recognition: Provide information regarding any awards and/or recognition received.

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

11. Are you the recipient of any other college scholarship(s) or tuition assistance? YES NO

Signature of applicant ___________________________ Date __________________

Signature of parent/legal guardian ___________________________ Date __________________

APPLICATIONS MUST BE RECEIVED BY APRIL 1, 2016

REMEMBER TO INCLUDE:

- Your official transcript.
- At least two letters of reference – one from the student’s SSD teacher; the other from a professional (school counselor, minister, etc.).
- Your family’s most recent tax return. Pages 1 & 2 of Form 1040 must be attached.