



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:

Date Enrolled	School	City/State	Grade Completed

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.*