



Ciara O'Driscoll Memorial Scholarship of Hope 2020/2021 Application

The Ciara O'Driscoll Memorial Scholarship of Hope is a scholarship granted to a graduating senior with identified special needs for post- secondary school education and/or training. Scholarships range from \$500-\$1000.

TO BE ELIGIBLE, AN APPLICANT MUST:

- Be a resident of Monroe, CT at the time of application
- Be a 2020 or 2021 Masuk High School Graduate
- Had an overall grade point average (GPA) of 3.0 or higher on a 4-point scale (or equivalent)
- Have a special need that is recognized by an Individualized Education Plan (IEP) or Has a disability under Special Education Law or Section 504 of the Rehabilitation Act of 1973
- All applications are reviewed without regard to race, gender, religion or national origin.
- All applicant information will be kept strictly confidential and disposed of properly.
- Funds awarded by Ciara's Light Foundation are non-negotiable.

SUBMISSION REQUIREMENTS

- **Application deadline: October 20, 2021.** *Applications received after this deadline will NOT be considered.*
- Mail the following items to the address below:

All applicants:

- ◆ One completed scholarship application. *Incomplete applications will NOT be considered.*
- ◆ *Two letters of Recommendation:* from teachers, employers or other professionals who know you well. One must be from a current Masuk teacher or counselor.
- ◆ *One Official Copy of your high school transcript (may be obtained from your guidance counselor).*

2020 Graduates must also include:

- ◆ *One official copy of your 2020-2021 college transcript*

2021 Graduates must also include:

- ◆ *Copy of college acceptance letter or explanation of plan if not attending college*

Ciara's Light Foundation Scholarship Program
c/o Lori O'Driscoll
11 Nancy Drive
Monroe, CT 06468

ANNOUNCEMENT OF AWARD

- The recipient of the Ciara O'Driscoll Memorial Scholarship will be announced at Chasing Ciara's Light 5k/12k Trail Run at Great Hollow Lake on October 30, 2021.

If you have any questions, please contact Lori O'Driscoll at lori@ciaraslight.org.

CIARA O'DRISCOLL MEMORIAL SCHOLARSHIP OF HOPE APPLICATION

I. Student Information

Applicants name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Email: _____

Date of Birth: _____

Please list all schools/post-secondary training programs to which you have applied. If you have already been accepted to any of the schools/training programs listed, please note that as well.

1. School Name: _____

___Applied/Waiting Decision ___Accepted

2. School Name: _____

___Applied/Waiting Decision ___Accepted

3. School Name: _____

___Applied/Waiting Decision ___Accepted

I. Financial Information

Parents' Marital Status (circle one):

Married Single Divorced/Separated Widowed

Parents' Income (combined income, including child support received if applicable):

\$ _____

of Dependent Children & Their Ages:

Number Ages

of Dependent Children Attending College/University Fall 2018: _____

Special Family Circumstances (if any) – Examples of Special Family circumstances include recent divorce, death, financial problems, illness, etc.:

Have you received any other grants or scholarships toward your education?

Total Dollar Amount: _____

Please Describe:

II. Contributions to School and Community

Briefly highlight the activities in which you participate in school, the community and/or at work. Please address the following: 1. How has your participation in these activities contributed to your school or community? 2. How have you acted as a leader or positive role model for other students as a result of your participation? 3. What skills or experience have you gained that will help you move forward with your educational and vocational goals?

Please describe any awards, honors, or other special recognitions you have achieved.

III. Personal Essay

Please attach your essay double spaced, typed in 12 font Times New Roman. Essay must be a minimum of 2 pages and maximum of 4 pages. Parent or Guardian may provide assistance, please indicate who (if anyone) assisted you in the essay. Please address the following items in your essay:

- Describe your disability in your own words. To help you with this, pretend you are describing this to someone who may need to assist you in some way but who knows nothing about the disability. What would they need to know about your disability and how you experience it for them to really understand and assist you?
- Describe how your disability has impacted your life experiences and provide at least one example of how you managed that impact in order to overcome a challenge in each of the following groups/situations:
 - Within your family environment,
 - While at school and/or work,
 - Among your peers and friends
- How will you use what you have learned from the experiences above as you move forward through school and adulthood?
- Discuss your intended Major or specific occupational skill that you would like to pursue after high school. If you are still undecided at this point, discuss areas of study that you are considering. What is it about this area or areas of study that are interesting to you?

IV. Letters of Recommendation *(attach separately to application)*

Include two letters of recommendation from teachers, employers or other professionals who know you well. One must be from a current teacher or guidance counselor at Masuk High School.

V. High School Certification: Authorized signature required

I certify that the information provided in this application is accurate and the applicant is a 2020 or 2021 graduating senior at Masuk High School. I also certify that the applicant's disability meets the eligibility criteria under Special Education law or Section 504 of the Rehabilitation Act of 1973.

Name and Title of School Official: _____ Telephone/Email: _____

Signature of School Official: _____ Year Student Graduated: _____

VI. Certification

I hereby declare that I have read the above statements and that all information included herein is, to the best of my knowledge and belief, correct.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Applicant's Full Name (Printed)

Parent or Guardian's Full Name (Printed)