

# Ciara O'Driscoll Memorial Scholarship 2024/2025 Application

The Ciara O'Driscoll Memorial Scholarship is a scholarship ranging from \$500-\$2500 granted to a 2025 Masuk graduating senior who will be pursuing education/special education and who has currently been accepted in a full-time bachelor's degree program.

## TO BE ELIGIBLE, AN APPLICANT MUST:

- Be a resident of Monroe, CT at the time of application
- Be a 2025 Masuk High School Senior
- Have an overall grade point average (GPA) of 3.0 or higher on a 4-point scale (or equivalent)
- Applicants must be currently enrolled in a four-year program in the field of Elementary Education or Secondary Education at an accredited college or university
- 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: May 31, 2024. 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).
- ◆ *Copy of college acceptance letter*

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 the Annual Awards Night at Masuk High School and are invited to be recognized at Chasing Ciara's Light 5k/12k Trail Run at Great Hollow Lake in October 4, 2025.

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

# CIARA O'DRISCOLL MEMORIAL SCHOLARSHIP 2024/2025 APPLICATION

Address:	City/State/Zip:e:Email: arital Status (circle one):					
	Married	Single	Divorced/S	eparated Widowe	ed	
	Income (co			uding child suppor	rt received if app	plicable):
# of Dep	endent Chi	ldren & '	Their Ages:			
				Number	Ages	
_				llege/University F - Examples of Spec		
				th, financial proble		

A. List any Early Childhood Education classes you have completed during your high school

B. List any jobs, internships or volunteer activities you have had working with children/teens with special needs. Include a short summary of your experience, including duties, total weekly hours

career (if any).

and duration of service.

<b>III.</b> EDUCATION SAVINGS			
		oney toward your education. Include a sh total weekly hours and duration of servi	•
B. Are you working while at scho	ool or on sun	nmer break (be as specific as possible	e)?
C. Have you received any other g	rants, schola	arships or financial aid toward your e	ducation?
Total Dollar Amount: Please describe:			
D. Are you working while at school	ol or on sum	mer break (be as specific as possible)	)?
<u>IV.</u> COLLEGE/UNIVERSITY INFO	ORMATION		
A. Basic Information School You are Attending: Major: Minor: Special Education selected B. Financial Information Tuition: Room/Board: Other Fees: Total:			
<u>V.</u> ESSAY (submit your essay on a so			
<u> </u>	se attach you	decision to pursue a career in Special ar essay double spaced, typed in 12 foages and maximum of 4 pages.	
<u>VI.</u> LETTERS OF RECOMMEND	ATION (atta	ach separately to application)	
Include two letters of recommendation know you well.	ation from te	achers, employers or other profession	nals who
VI. CERTIFICATION			
I hereby declare that I have reacherein is, to the best of my know		statements and that all information belief, correct.	ı included
Signature of Applicant	Date	Signature of Parent/Guardian	Date

Parent or Guardian's Full Name (Printed)

Applicant's Full Name (Printed)