

# St. Joseph's School for Exceptional Children Scholarship

## Application Process

1. Student must meet eligibility requirements.
2. Complete application electronically, attach personal statement on form provided, attach letter of support from Counselor on form provided, and send in one email to your Counseling/ Guidance Department and [scholarships@nccfoundation.org](mailto:scholarships@nccfoundation.org), with the subject title "St. Joseph's Application by April 1st."

## Who is eligible to apply?

1. Student must intend to pursue a career in the field of teaching children with special needs.

## What are the criteria for selecting the recipients?

1. Student must reside in northern Chautauqua County.
2. Student must have financial need.
3. Attach a personal statement summarizing (1) career goals *and* (2) why you have chosen the field of teaching children with special needs.
4. Attach a letter of support from your guidance department on the form provided. The letter should refer to the student's moral character and financial need.



212 Lake Shore Drive West  
Dunkirk, NY 14048  
716-366-4892 716-366-3905 (fax)  
[scholarships@nccfoundation.org](mailto:scholarships@nccfoundation.org) [www.nccfoundation.org](http://www.nccfoundation.org)

# St. Joseph's School for Exceptional Children Scholarship Application

Complete application electronically, attach personal statement, attach letter of support from Counselor, and send in one email to your Counseling/Guidance Department and [scholarships@nccfoundation.org](mailto:scholarships@nccfoundation.org), with the subject title:

"St. Joseph's Application," by April 1st.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School District:** \_\_\_\_\_

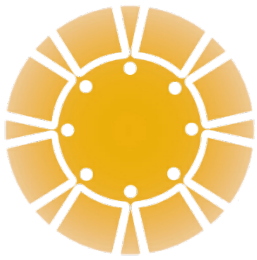
**Guidance Counselor:** \_\_\_\_\_

**Name and address of College attending:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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NORTHERN CHAUTAUQUA  
**COMMUNITY  
FOUNDATION**

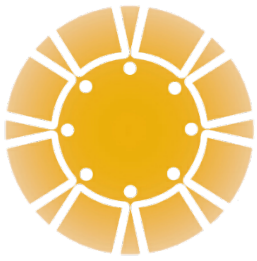
Essay/Personal Statement

Applicant Name:

Name of Scholarship:

Signature:

Date:



NORTHERN CHAUTAUQUA  
**COMMUNITY  
FOUNDATION**

Applicant, please complete the following:

Name: \_\_\_\_\_

School: \_\_\_\_\_

Scholarship Name: \_\_\_\_\_

Writer, please do not include the student's name in the body of your letter, as you type the Letter of Recommendation below. Please refer to the student using pronouns instead of their proper name. Descriptors are welcome - "outstanding senior," "trustworthy young adult," "compassionate person," etc.. Thank you, and do not hesitate to contact us with any questions: [scholarships@nccfoundation.org](mailto:scholarships@nccfoundation.org), (716) 366-4892

Reference Name and Title:

Reference Phone #:

Reference Email:

Signature:

Date: