**Due Date: April 1st**

**Seymour SEPAC Scholarship**

**Student Majoring in Special Education or a Related Field**

**ATTACH COPY OF STANDARD APPLICATION FORM**

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

Guidelines for Applicants:

1. Write an essay of 300 to 500 words. Essay shall be typewritten (not necessarily typed by the student) or submitted as an audio/video tape, made by the applicant. The essay should set forth: Applicant’s personal history and goals, achievements, participation in various groups or activities (academic, athletic, or extra-curricular), a list of volunteer activities, work experiences, the school or institute which the student will be attending and the course of study, a list of scholarships awards student has applied for and/or been accepted for, and an explanation of why student should receive this scholarship.

2. Attach current, dated, one-page letters of recommendation from at least one person, but not more than three, in authority at the High School. These letters should cover the applicant’s work habits, ability to achieve individual goals, and his/her integrity.

3. Attach at least one letter from a responsible community person (not related to the student) which may show student’s notable skills, recognition and service.

4. Applications will be judged by the Scholarship Judging Committee. The following factors may affect this selection: student’s grades, work ethic, accomplishments/achievements, ability to achieve his/her goals, and the student’s financial need.

5. Parental Authorization for Evaluation form must be submitted to the Scholarship Judging Committee. No applications will be reviewed without prior authorization because of possible conflict with Public Law 93-380 “Family Educational Rights and Privacy Act.”

This scholarship is available to any graduating senior (either mid-term or ending term) who will major in one or more of the following areas: special education, physical therapy, occupational therapy, speech-language pathology, audiology, psycometry, or other related field (such major must be approved by the Scholarship Judging Committee).

Student will attend an accredited college, university or vocational school upon graduation. Only students who are **not** receiving **FULL** scholarships, either academic or athletic, are eligible.

Scholarship award will be issued to the proper school upon receipt of verification of enrollment and appropriate declaration of major studies at the beginning of the student’s**THIRD** year at a college, university or vocational school.

**PARENTAL AUTHORIZATION FOR EVALUATION**

TO: Seymour Special Education Parents Advisory Council

(Seymour SEPAC) Scholarship Judging Committee

I hereby give permission for my son/daughter to submit an application for a scholarship to the Seymour SEPAC Scholarship Judging Committee and for his/her records to be reviewed for the purpose of judging.

I understand that these records will be kept confidential and made available only to the Scholarship Judging Committee and in no way duplicated or made public. Also, the student’s name will be made available only to members of the Scholarship Judging Committee for the sole purpose of evaluation. All applications will be destroyed upon completion of judging and awards. In the event the student is awarded a scholarship, his/her name will not be made public without further written permission from the parents and the student.

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

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student (if over 18 years old):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form, the application, letters of recommendation, and financial documentation must be signed and mailed to the address below by the deadline date.

Deadline date: April 1st

Seymour SEPAC Scholarship Judging Committee C/O Vicki Otto PO Box 1057 Seymour, IN 47274