2022 Joan E. Schuman Scholarship Application

The Collaborative for Educational Services is seeking applicants for this year’s Schuman Scholarship. The scholarship is a one-time award of $500 toward educational costs or tuition at a higher education institution.

All applications will be reviewed by the Scholarship Committee. Finalists will be selected and notified by early June. The scholarship award will be sent directly to the student's higher education institution upon confirmation of enrollment.

Please review Eligibility & Selection and Required Documentation for important information regarding the application process. Completed applications may be securely uploaded or postal mailed to:

Sherry L. Smith, Director of Special Education
Attn: Schuman Scholarship Application
HEC Academy
228 Pleasant St.
Northampton, MA 01060

Uploaded applications and required documents must be received by Friday, May 20, 2022.
Mailed materials must be post-marked by this date.

Eligibility & Selection

1. Eligible students
   a. Have an Individualized Education Plan (IEP)
   b. Are graduating this current academic year from a CES member district high school in Hampshire or Franklin County
   c. Plan to further their education in the upcoming academic year at a:
      i. 2- or 4-year higher education institution
      ii. Vocational or technical training program
      iii. Specialized program for students with disabilities

2. Candidates will be selected on the basis of:
   a. Academic record
   b. Content and quality of essay submission
   c. Letter(s) of recommendation

3. HEC Academy graduates are given preference in the selection process
Required Documentation
In addition to the information below, please upload the following documents or postal mail to the address above.

1. Student personal statement (no more than 500 words)
   a. Tell us about your special interests and goals
   b. Please share any experiences which reflect your interests and goals
   c. Describe why you are committed to pursuing higher education

2. Letter of recommendation (from at least one teacher)
   a. Along with your name, please include the teacher's name, subject area, and school
   b. The teacher(s) should comment on:
      i. Which characteristics they most appreciate about you
      ii. How you have persevered in difficult situations, and
      iii. Why they feel you will succeed

3. Copy of your unofficial transcript

4. Copy of your letter of acceptance from the higher education institution

Please use these naming conventions when uploading your documents:

- Student Name_Personal Statement_mm/dd/yyyy
- Student Name_Teacher Recommendation_mm/dd/yyyy
- Student Name_Unofficial Transcript_mm/dd/yyyy
- Student Name_Letter of Acceptance_mm/dd/yyyy

Once the application has been submitted, CES will forward a Certification Form to the student's special education director, who will need to review the application and confirm the applicant has met eligibility requirements.

Student Information

Name __________________________________________________________

DOB (mm/dd/yyyy) ______________________________

Street Address (include apt. # if applicable) __________________________________________________________

City / State / Zip Code ______________________________

Phone Number ______________________________

Page 2 of 4
School District ____________________________________________________________

Name of High School ______________________________________________________

GPA (grade point average) __________________________________________________

Month / Year Graduating ___________________________________________________

Name(s) of the higher education institution(s) to which you have been accepted

Do you authorize CES to share excerpts from your scholarship essay for public relations purposes?  
(Your answer will not impact eligibility.)

☐ Yes    ☐ No

Student Sign Off:
All of the information provided on this form is true and complete to the best of my knowledge. I certify that I will be earning my high school diploma, and will be enrolling in a higher education program in the upcoming academic year. Please indicate your agreement to these statements by signing your name below.

__________________________________________________________
Student Signature

Parent / Guardian Information
To be completed by parent / guardian if the student is under 18 years old. If the student is 18 or older, please skip this section.

Parent / Guardian Name _____________________________________________

Parent / Guardian Street Address _________________________________________  
(skip if same as student)

Parent / Guardian City / State / Zip ________________  
(skip if same as student)

Parent / Guardian Phone _____________________________________________

Do you authorize CES to share excerpts from your student's scholarship essay for public relations purposes?  
(Your answer will not impact eligibility.)

☐ Yes    ☐ No
Parent/Guardian Sign Off

All of the information provided on this form is true and complete to the best of my knowledge. CES has my permission to confirm my student’s IEP status and their free/reduced lunch eligibility in relation to this application. Please indicate your agreement to these statements by entering your name below.

______________________________________________________________

Parent / Guardian Signature