

The Joan E. Schuman Scholarship Fund Application

The Collaborative for Educational Services is seeking applicants for this year's Schuman Scholarship. The Scholarship is a one-time award toward educational costs and tuition at a 2- or 4-year higher education institution, granted to a high school senior who is a special education student on an individualized education plan (IEP); graduating from HEC Academy in Northampton, MA or graduating from a high school within the CES member school districts. HEC Academy graduates will be given preference in the selection process.

Candidates will be selected on the basis of:

- Academic record
- Financial need
- Commitment to completing their 2- or 4-year higher education program

Please note that those planning to attend a two-year community college, vocational or technical training program, or other specialized program for students with disabilities are eligible for the scholarship.

Selection Process

All applications will be reviewed by the Scholarship Committee, comprised of Joan Schuman, the current Director of HEC Academy, and a Special Education Director or Directors from member district(s). Finalists will be selected and notified by May 31st.

Scholarship award checks will be sent to the student's higher education institution upon enrollment.

Submitting the Application

Applications may be mailed to the Collaborative for Educational Services, Schuman Scholarship Application, Attention: Sherry Smith, 97 Hawley Street, Northampton, MA 01060.

Application forms are available for download on the CES website at www.collaborative.org/schumanscholarship, and must be postmarked by May 11th.



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All required materials must be received in one packet to be considered for the scholarship. Included in your application packet should be:

- Basic information form
- Student Personal Statement
- Letter of recommendation from at least one teacher, nominating the student
- Certification and Authorization Form (Verifies financial and special education status, provides permission for CES to request a transcript from your high school)

BASIC INFORMATION FORM

Student Name: _____

Date of Birth: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____

Email (if available): _____

Parent/Guardian Name: _____

Parent/Guardian Mailing Address: _____

City/State/Zip Code: _____

Phone: _____

Email: _____

High School Attended: _____



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High School City/State: _____

Month/Year Graduating: _____

Grade Point Average: _____

Intended 2- or 4-year Higher Education Institution: _____

Have you applied to the Higher Education Institution: _____

Have you been accepted to the Higher Education Institution: _____

Personal Statement (attach – no more than 500 words)

Please tell us, in a **brief attached statement**, about your special interests and goals and why you want to pursue higher education. If you have had experiences or pursued activities while in school that reflect your interests, tell us about them. The personal statement should strive to be no more than 500 words.

Teacher Recommendation (attach letter)

Please provide one or more **Teacher recommendation letters**. Teacher recommendations should contain the teacher name; his/her subject area, the name and city of the school in which he/she taught the student. Teacher comments should help us to understand what characteristics they most appreciate in the student, how the student has persevered in difficult situations, and why they feel the student will succeed in their future endeavors.



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Certification and Authorization Form

To be completed by the student's parent or guardian, and signed by the Special Education Director for the student's school district.

- 1) Name of student: _____
- 2) Is the student qualified to receive free or reduced lunch? **Circle YES or NO**
- 3) Does the student have an IEP? **Circle YES or NO**
- 4) 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 2- or 4-year higher education program in the upcoming academic year. CES has my permission to request and obtain a copy of my high school transcript or confirm free or reduced lunch status in relation to this scholarship application.
I (student applicant) **do/ do not (circle one)** authorize the Collaborative for Educational Services to use excerpts from my essay for public relations purposes.

Signature of Applicant: _____ Date: _____

- 5) All of the information provided on this form is true and complete to the best of my knowledge. CES has my permission to request and obtain a copy of my student's high school transcript, or confirm free or reduced lunch status, in relation to this scholarship application.
I (parent of applicant) **do/ do not (circle one)** authorize the Collaborative for Educational to use excerpts from my son/daughter's essay for public relations purposes.

Signature of Parent or Guardian: _____ Date: _____

All of the information provided on this form is true and complete to the best of my knowledge. This student is currently on an IEP and will be earning his/her high school diploma this calendar year.

School District

Special Education Director Signature

_____ Date:



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