



ACES DETERMINATION SCHOLARSHIP APPLICATION FORM

DESCRIPTION:

Up to two ACES Determination scholarships, each in the amount of \$500 will be awarded to graduating high school students living with a disability. Applicants must be residents of Columbia County or a child of a Coarc employee who have been accepted and matriculated in an undergraduate college-level program of study or Trade School. **Applicants must have a current Individual Education Plan (IEP) or 504 Plan on file with their school district and verification of this must be sent by the school district.** Academic performance and personal recommendations will be considered in awarding the scholarships.

APPLICANT'S NAME: _____

ADDRESS:

STREET: _____ **CITY, STATE, ZIP:** _____

TELEPHONE: _____ **EMAIL ADDRESS:** _____

HIGH SCHOOL CURRENTLY ATTENDING: _____

PARENT OR GUARDIAN (if a minor):

NAME AND ADDRESS OF COLLEGE OR TRADE SCHOOL WHICH APPLICANT HAS BEEN ACCEPTED:

MAJOR COURSE OF STUDY: _____

ANTICIPATED FUTURE OCCUPATIONAL GOAL: _____

ACADEMIC PERFORMANCE - (outstanding academic achievements or other relevant information.)

LIST EXTRACURRICULAR, COMMUNITY ACTIVITIES OR EMPLOYMENT EXPERIENCES:

LIST TWO REFERENCES AND ARRANGE FOR TWO CURRENT LETTERS OF RECOMMENDATION TO BE MAILED TO COARC SCHOLARSHIPS, PO BOX 2, MELLENVILLE, NY 12544 or EMAILED TO PAMELAD@COARC.ORG BY MAY 9, 2025 (Applications will not be considered without these.):

Name	Address	Telephone Number
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Name	Address	Telephone Number
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PLEASE WRITE A BRIEF ESSAY ON A SEPARATE PAGE IN 200 WORDS OR LESS EXPLAINING WHY YOU THINK THAT YOU SHOULD BE CONSIDERED. YOUR STATEMENT MAY INCLUDE:

- A DESCRIPTION OF YOUR EDUCATIONAL EXPERIENCES SO FAR, INCLUDING BARRIERS OVERCOME AND OPPORTUNITIES REALIZED
- AN OUTLINE OF YOUR EDUCATIONAL AND CAREER GOALS

ADDITIONAL INFORMATION THAT THE APPLICANT CONSIDERS PERTINENT TO WORKING WITH PEOPLE LIVING WITH A DISABILITY: (Optional)

Applicant's Signature

Date

DEADLINE FOR APPLYING: MAY 9, 2025

PLEASE MAIL OR EMAIL COMPLETED APPLICATION FORM, LETTERS OF RECOMMENDATION AND LETTER OF VERIFICATION OF IEP OR 504 STATUS FROM YOUR SCHOOL DISTRICT TO:

MAIL:
COARC SCHOLARSHIP
PO BOX 2
MELLENVILLE, NY 12544

EMAIL:
pamelad@coarc.org

PLEASE NOTE:

IF YOU ARE CHOSEN AS THE RECIPIENT OF THIS AWARD YOU MUST ATTEND COARC'S ANNUAL MEETING TO BE HELD MONDAY, JUNE 16, 2025, MELLENVILLE HEADQUARTERS, 630 ROUTE 217, MELLENVILLE, NY, TO ACCEPT THE AWARD.

THANK YOU FOR APPLYING AND GOOD LUCK!

