

# **NEW JERSEY COUNCIL FOR EXCEPTIONAL CHILDREN**

## **2023-2024 SCHOLARSHIP PROGRAM**

The Council for Exceptional Children is a non-profit professional organization founded in 1922. The 2,000 New Jersey members are dedicated to quality education for all exceptional children.

The New Jersey Council for Exceptional Children will award several scholarships annually, ranging from \$250.00 to \$1,000.00 to high school seniors who are disabled and who will be pursuing some form of post-secondary education or training.

**To be eligible, an individual must email a completed packet to:  
*Mr. Barry Schwartz, Awards Chair NJCEC***

***To: bms17@verizon.net***

***All nominations MUST be sent by February 14, 2024***

**Incomplete applications or applications received after the deadline will not be considered.**

**Each packet must include the following items:**

- a. Completed scholarship application.
- b. A statement from the child study team indicating a recognized disability.  
**DO NOT SEND I.E.P's or confidential study team records/files.**
- c. Complete an approved secondary education program and provide a transcript of that program. District grading policies should be included.
- d. Two letters of recommendation.
- e. Submit evidence of acceptance to a post-secondary education or training program. (This may be sent after the scholarship is accepted).
- f. Provide the name and address of your local newspaper for a press release.

These may include 2 or 4 year college, technical schools, business schools, fine arts institutes, or other recognized programs.

**QUESTIONS? Contact Mr. Barry Schwartz**

**Phone: (Evenings) (973) 464-3147 E-mail: bms17@verizon.net**

## 2024 SCHOLARSHIP APPLICATION (Please Type)

Name: \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County \_\_\_\_\_

Name of Secondary School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Awards Ceremony Date: \_\_\_\_\_

Name and title of school official recommending you: \_\_\_\_\_

1. Name and address of the post -secondary school you will attend:

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

**Please attach a copy of your acceptance letter.**

What subject area are you planning to study? \_\_\_\_\_

2. What is, or was, your high school Grade Point Average? \_\_\_\_\_

3. Briefly describe the nature of your disability: \_\_\_\_\_

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

4. List any school activities you have had \_\_\_\_\_

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

5. List any community activities you have had: \_\_\_\_\_

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

6. List any employment experience you have had: \_\_\_\_\_

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



This application and signature gives permission, if selected as a recipient of an award or scholarship, for NJCEC to include their name, picture and award on the NJCEC website, newsletter and other communications about their scholarship.

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