

ARKANSAS COUNCIL FOR EXCEPTIONAL CHILDREN SCHOLARSHIP APPLICATION

The Arkansas Council for Exceptional Children has four scholarships available for the coming year:

- * Dr. Ada Thompson Scholarship for \$1,500.00
- * John Prewitt Scholarship for \$1,500.00
- * AR-CEC Paraprofessional Scholarship for \$1,500.00
- * AR-CEC Exceptional Student Scholarship for \$1,500.00

The **AR-CEC Exceptional Student Scholarship** may be awarded to an individual who has an identified Disability under **IDEA**. The Exceptional Student must be a student currently enrolled in school, or a high school senior planning to enter a post-secondary institution such as a college, university, or technical school.

The AR-CEC is thrilled to be able to help a student with an identified disability pursue educational opportunities beyond high school. All disability information will be kept confidential.

The scholarship application should be word processed and include:

1. A completed scholarship application form with signature.
2. Autobiographical statement not to exceed 500 words discussing general interests, hobbies, school experiences, vocational objective and the institution where applying or enrolled, etc. Include a statement of need or importance of the scholarship in the accomplishment of your educational objective.
3. Two letters of recommendation from professionals and/or employers who have knowledge of the applicant's qualifications, scholarship, and character.
4. Transcripts of all high school/college work.

The Scholarship Committee may ask for a photo of the scholarship winners after the selection process for publication purposes.

Scholarship applications and attachments become the property of the AR-CEC Scholarship Committee and are not returnable.

The completed application must be received by May 31.

**ARKANSAS COUNCIL FOR EXCEPTIONAL CHILDREN
SCHOLARSHIP APPLICATION**

Check the scholarship(s) applying

- Dr. Ada Thompson
- John Prewitt
- AR-CEC Paraprofessional
- Exceptional Student Scholarship

Name: _____ Age: _____

Permanent Home Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Current Address (if different) _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

AR-CEC Membership Number: _____

(Not necessary for Paraprofessional or Exceptional Student Scholarship)

Major field of Study: _____ Degree Program: _____

Name and location of college or university you plan to attend:

Have you been accepted? _____ If not, provide an explanation below.

Educational Data

High School: _____ Graduation Date: _____

Post-secondary Schools/Colleges/Universities Attended

Institution	Dates Attended	Major	Degree Earned
-------------	----------------	-------	---------------

General Information and Employment Data

List civic and community activities:

List previous employment including military service if applicable:

Job Title_____

Employer_____

Date_____

Signature_____ Date: _____

Criteria for Scholarship:

Complete application form with signature

Autobiographical statement

Letters of recommendation

Transcript(s) if appropriate

AR-CEC SCHOLARSHIP APPLICATION SCORING RUBRIC

Completed application form with signature.	1-3 points
Autobiographical statement	1-10 points
Letters of recommendation	2-4 points
Transcript(s)	1-3 points