



Mercer County Professional Counselors Association

Meeting the Challenge Scholarship

\$250 - \$1,000

Application Deadline – April 8, 2019

Criteria:

- The recipient must be a classified student with a learning disability, evaluated by the school's child study team, or possess an official Section 504 Accommodation Plan.
- The recipient should demonstrate a level of academic achievement, demonstrating that he/she has compensated for the disability and is prepared to enter college/trade school.
- The recipient must be a member of the current graduating class, attending a Mercer County public or parochial school.
- The recipient must be able to prove acceptance to an accredited college prior to receipt of the award.
- The recipient's School Counselor must be a member in good standing of Mercer County Professional Counselors Association.

Information to Submit to Selection Committee:

- Nominee Background Information
- **Counselor** recommendation, verifying disability *
- Official high school transcript
- Essay

*The recommendation is mandatory, and its exclusion will disqualify applicants for this scholarship.

Nominee Background Information

PLEASE PRINT OR TYPE

Full Name of Applicant _____
First Last Middle Initial

Home Address _____
Street City/State Zip

Telephone Number _____ Date of Birth _____

Email Address _____ Last 4 digits of Social Security Number _____

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT'S COUNSELOR:

Are you a current member of MCPCA? If not, please submit the mandatory membership application and fee. Membership applications can be found at www.mcpcanet.net.

High School _____ Grade Point Average _____ on a _____ scale.

Class Rank _____ Class Size _____ Counselor's Name _____

Counselor's Email _____ Counselor's Signature _____

Counselor's signature verifies that the applicant is classified by the Child Study Team or possesses an official 504 Accommodation Plan, and that the application is complete with the necessary counselor recommendation, transcript, and essay. Counselor must be a member of MCPCA prior to submitting this application.

Please mail entire application packet to:

Mrs. Kathy Jensen
MCPCA

81 Village Drive East
Hamilton, NJ 08620

Last Name

First Name

Please list significant activities, leadership positions, and honors/recognitions. Place and (X) in the grades column when activities occurred. You may attach a student resume instead.

Activities	9	10	11	12	Leadership Position/Honors

List Community Activities:

Please write a short essay clarifying why you would be deserving of this scholarship. Typed essays are encouraged and must be attached. Please be sure to place your name on any attached documentation.

Applications postmarked after April 8, 2019 will be excluded.
Counselor must be a member of MCPCA prior to submitting this application.
 Questions can be directed to MCPCAScholarships@gmail.com.

