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**The Connecticut School Counselor Association**

**Myron Cohen Scholarship Application**

**ELIGIBILITY**

Must be a high school senior planning on attending a public or private-secondary school in Connecticut.

 Must have been actively involved in community service activities throughout high school.

 The student’s school counselor must be a member of the Connecticut School Counselor Association.

Must attend a post-secondary institution during the 2016-2017 school year.

The scholarship will be paid directly to the institution.

**APPLICATION PROCEDURE**

Write an essay that describes how your school counselor or the school counseling program at your school has made a positive difference in your life. Topics may come from any related K-12 experience and are not limited to only the college or career planning process. We will award a $500 scholarship to a competitively selected recipient.

Essays are limited to 500 words and will be reviewed for content and grammar.

Essays should be typed and double-spaced.

Send one (1) copy of the essay, a resume and the completed application form to:

CSCA Scholarship Committee

P.O. Box 370374

West Hartford, CT 06117

Provide only the materials stated above. Applicants not providing the required documents or providing additional documents not requested will be disqualified from the award process.

**Deadline: Entries must be postmarked no later than June 1st**

**The Scholarship winner will be announced by September 1st**

**Please Print or Type:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI

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

 Street City State Zip

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Graduation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that the essay I am hereby submitting becomes property of the Connecticut School Counselor Association (CSCA). I grant permission to CSCA to publicize my name, school, and essay.*

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (if student is under age 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_