

# **Sussex-Warren Directors, Supervisors & Coordinators of Special Services Association**

## **2024-2025 Dr. MaryLou Varley & Mary Grace Rudolph Memorial Scholarships Application**

**This Scholarship will be awarded annually to graduating seniors who are either a resident of Sussex or Warren County and who are eligible to receive special education and/or related services. The applicant needs to certify plans to further their education before applying.**

**The awards will consist of 4 - \$500 scholarships: 2 for Sussex County students, 2 for Warren County students.**

### **THE APPLICATION PACKET MUST INCLUDE THE FOLLOWING:**

- This completed scholarship application with brief narrative identifying your disability, how your disability has impacted your education and how you have compensated/overcome your educational disability (attach additional pages if necessary):
- Two (2) letters of recommendation.
  - One should be from an educator who is familiar with your schooling
  - The other reference may be a second educator, employer reference, or community member of your choosing.
- Evidence of acceptance to a post-secondary education or training program. This may include two or four-year colleges, technical schools, business schools, fine arts institutes, or other recognized programs.
- Certification of graduation, grade point average, and eligibility of special education (certified by the guidance counselor and/or Child Study Team personnel).

**PLEASE ENSURE THAT ALL REQUIRED MATERIALS/DOCUMENTATION IS  
SUBMITTED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED!**

**ALL INFORMATION MUST BE POSTMARKED BY *FRIDAY, MARCH 14, 2025* IN  
ORDER TO BE CONSIDERED FOR AN AWARD.**

**\*No late applications will be considered\***

**PLEASE TYPE THE INFORMATION**

Date of Application: \_\_\_\_\_

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

County of Residence: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School: \_\_\_\_\_

High School Phone #: \_\_\_\_\_

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

\_\_\_\_\_

High School Grade Point Average: \_\_\_\_\_

Name & Email of Case Manager: \_\_\_\_\_

Please list your high school activities including extracurriculars, and the year(s) participated (i.e. track, football, 9<sup>th</sup> and 10<sup>th</sup> grades, student council, chess club):

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

Please list any community activities (i.e. Church scouting, etc.):

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

Do you hold a part-time job?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, where are you employed and what type of work do you do?

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Are there special circumstances that prevent you from working (family obligations/  
responsibilities)?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, please explain:

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Please note your plans for continuing your education after graduating from high school:

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Have you been accepted to a college or post-secondary school?

Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, please attach a copy of your acceptance letter.

In a brief narrative, please identify your disability, explain how your disability has impacted your education and how you have compensated/overcome your educational disability (attach additional pages if necessary):

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