

COUNCIL FOR EXCEPTIONAL CHILDREN SCHOLARSHIP APPLICATION
FOR GRADUATING SENIORS RECEIVING ESE SERVICES

Requirements

- _____ 1. Graduating from an Osceola County high school.
- _____ 2. Minimum unweighted cumulative G.P.A. of 2.5 and in good standing according to the applicable Code of Student Conduct.
- _____ 3. Attach a letter of recommendation and signature from one high school teacher.
- _____ 4. Attach a letter of recommendation and signature from an individual outside of education who has known you a minimum of three years (no relatives).
- _____ 5. Attach a copy of your official sealed high school transcript (must be obtained from your guidance counselor).
- _____ 6. Application Deadline: must be received by 3:30 pm, March 5, 2010. You will be notified by mid April, 2010 regarding acceptance or denial.
- _____ 7. If awarded a scholarship, the applicant must write a Thank You letter that is addressed to both CEC Chapter #1161 and to The Foundation for Osceola Education, Inc. prior to having monies released to the applicant's account. Monies will be for education-related expenses only. If chosen as a scholarship recipient, student must enroll at a post-secondary education or training program by May 31st of the year following high school graduation, or this scholarship may be forfeited. Exceptions may be made at the discretion of the CEC Scholarship Committee upon written notification to them via Karen Toothe.
- _____ 8. "Consent and Release to Photograph/Videotape and Grade Release Waiver Form" has been signed.
- _____ 9. Applicant signature on third page.
- _____ 10. Name and signature of school personnel who has checked the contents of this application to ensure that all necessary documentation has been included.

Name

Signature

Please return to:

Karen Toothe
ESE Dept, Osceola District Schools
805 Bill Beck Blvd
Kissimmee, Fl 34744

If you have any questions please call Mrs. Toothe at (407) 518-8147.

Name _____ Birth date _____ G.P.A. _____

Address _____ Zip Code _____

Social Security number _____ Phone# _____

Mother _____ Occupation _____

Work telephone number _____

Father _____ Occupation _____

Work telephone number _____

Living with: _____ Both parents _____ Mother _____ Father _____ Guardian
_____ Other Relative

Are you a client of Vocational Rehabilitation or Division of Blind Services? _____

If yes, please provide:

Name of Vocational Rehabilitation Counselor _____

or telephone number _____

Name of Division of Blind Services Counselor _____

telephone number _____

How long have you been a resident of Osceola County? _____

What high school do you currently attend? _____

Have you attended any other high school? _____

If yes, where? _____

Have you applied to a college/trade school? _____

If yes, have you been accepted? _____

School you plan to attend? _____

What are your career goals for after high school? _____

2. How would this scholarship money help you? _____

3. Please add any other comments that you would like the Scholarship committee to know. _____

4. ESSAY: On a separate sheet of paper, **using a computer**, answer the following question: (Essay should be double-spaced and between one and two paragraphs in length. Handwritten essays are not acceptable.)

Who in your life has been the biggest influence and why? How has this person influenced you?

I have completed all necessary paperwork for this application.

Applicant Signature

Date

The School District of Osceola County, Florida

Consent and Release to Photograph/Videotape Student

I, _____, the parent/guardian of _____
_____,
Print Parent/Guardian's Name Print Student's Name

Grade _____, a student at _____ on behalf of my
child:
School Name

Do Consent **Do not Consent** to the photographing/videotaping of my child while he/she is involved in any school programs and/or activities during the present school year. I also consent to the release of my child's name, both verbally and in print, when used in connection with said photograph/videotape. It is understood the photograph(s) /videotape(s) and the name of my child may be used for promotional purposes inside and/or outside of the School District of Osceola County, FL.

Do Consent **Do Not Consent** to the use of the above-mentioned photograph(s)/videotape(s) and the name of my child for promotional purposes on the **Internet**.

I do hereby release and waive any and all claims, demands, or objections against the said school, the school district, and The Foundation for Osceola Education, in connection with or arising out of the said photograph/videotape of my child.

It is understood that the school, school district, or The Foundation for Osceola Education will not duplicate photograph(s), videotape(s) for the use or benefit of any individual student or parent. It is also understood that failure to return this permission form to the school will constitute parent/guardian consent for the purposes described above.

PLEASE NOTE: The Foundation for Osceola Education, Inc. does not require you to consent to photography or videotaping of your child in order to be considered for this scholarship. If your child is chosen to be a Foundation scholarship recipient, we do like to include his/her picture in a slide show that is part of the awards program. Your child's picture may also be used by sponsors on their website, but only to promote their community involvement.

GRADE RELEASE WAIVER FORM

The Education Foundation ~ Osceola County requests this information in order to track student progress, and for the possible renewal of scholarships to worthy individuals.

I, _____, hereby grant permission to Valencia Community College, or any post-secondary institution that I am attending, to release information regarding my grades, attendance, and contact information to the administrator of the Scholarship Initiatives Program of the Education Foundation ~ Osceola County. This agreement shall remain in effect as long as I am enrolled as a student at the college.

Student's Printed Name

Signature (if student is 18 or older)

Parent/Guardian Signature

Date

Student's Date of Birth: _____