



One (1) \$1000 Scholarship
Applications must be postmarked on or before March 1, 2024.

Instructions

1. Complete and sign the application.
2. Transcript and essay required: Attach a one-page essay, answering the question: **What factors influenced your decision to pursue a career in helping special needs children? Include your short- and long-range career plans and why you are deserving of this scholarship.**
3. Include at least two (2) recommendation letters.
4. Mail the application and attachments to: Reaching 4 the Stars Scholarship, PO Box 563 Watertown CT 06795 by March 1, 2024.

Scholarship information

- One (1) \$1000 scholarship will be awarded to one (1) twelfth-grade student who resides in the Greater Watertown area including Middlebury, Southbury, Woodbury, Bethlehem, Thomaston, Region 14, Region 15, and Waterbury), and who are pursuing a career in helping children with special needs and a degree in one of the following areas: special education, speech therapy, ABA, occupational therapy, art therapy or music therapy.
- Applicants will be selected based on merit with no consideration for gender, ethnicity, religious affiliation, or financial need.
- By signing this application (required), the applicant agrees that the scholarship money shall be used for tuition and/or books to meet tax-free criteria.
- By signing this application (required), the applicant agrees to submit a Letter of Acceptance and proof of enrollment in a program, in one of the following areas: special education, speech therapy, ABA, occupational therapy, art therapy or music therapy, before any scholarship money is released.

To be eligible, applicant must fulfill the following requirements:

- Applicant must be in the twelfth (12th) grade.
- Applicant must have a minimum GPA of 3.0.
- Applicant must complete the ENTIRE application.
- Applicant must be accepted for admission to an accredited college or university matriculating in 2023 in one of the following areas: **special education, speech therapy, ABA, occupational therapy, art therapy or music therapy.**
- Application must be signed by applicant and signed by a parent or guardian if applicant is below the age of 18.

Applicant Information

Name _____
Last First MI

Address _____

E-mail address _____

Phone number _____ DOB _____

Colleges/universities applied to _____

For scholarship consideration, I authorize Sun, Moon & Stars, Inc. (SMS) to review my academic records and share this information with its Board. If selected, I also give permission to SMS to announce this award publicly. If I am below the age of 18, my parent/guardian authorizes SMS to review my academic records and share this information with its Board. If selected, my parent/guardian authorizes SMS to announce this award publicly.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if applicant is under the age of 18)