



## Two (2) \$1000 Scholarships

### 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. Deliver the application and attachments to: Reaching 4 the Stars Scholarship, PO Box 563 Watertown CT 06795.

### Scholarship information

- Two (2) \$1000 scholarships will be awarded to two (2) twelfth-grade students who reside 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 Letter of Acceptance 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)