

Chautauqua County Counselors' Association Scholarship

Name: _____ School: _____

Address: _____

Phone: _____ Email: _____

High School: _____ Guidance Counselor: _____

Criteria: **High school senior**
 Majoring in a counseling related field, education, or Social Work
 Current High School Transcript
 Application with essay (see below)
Deadline: **April 1 (To CCCA Representative)** **GPA (unweighted):** _____
Amount: **Varies**
Apply to: **High school guidance counselor**

Please submit your completed application to: Bob Minton at bminton@sherman.wnyric.org

College(s) to which you have applied: _____

Extra curricular activities: (school and/or community) List years of participation

Community Service: List years of participation

Leadership positions: (School and Community) List years in the positions

Honors, Awards and Recognitions: List years when earned

Please attach your essay that describes an activity or experience that has helped influence your decision to pursue a career in a counseling related profession, education or social work. Essay must be typed.

Student signature

Date