



WESTERN SUFFOLK COUNSELORS' ASSOCIATION 2024 SCHOLARSHIP CRITERIA

The Western Suffolk Counselors' Association will be awarding scholarships to students graduating from a Suffolk County High School and planning to pursue a post-secondary education in September. The number of recipients will be based upon the quality and volume of applications received.

Scholarship Reception

Date: Wednesday, May 15, 2024

Location: Wilson Tech (Wilsonian Room) 17 Westminster Ave, Dix Hills, NY 11746

Time: 6 - 8 pm ET

The counselor of the applicant must be a current WSCA member and the applicant's counselor of record. Counselors may only recommend **one** scholarship candidate. It is **not transferable** to counselors who are not members.

Membership information may be found at www.wsuffolkcounselors.org/membership.html.

Each application must be accompanied by the following:

- 1. STUDENT APPLICANT FORM** completed by student applicant
- 2. STUDENT ESSAY:** Volunteerism involves caring, sharing and commitment and can make a difference in the community. The committee is seeking students who found a need in their school or community and took the initiative to plan and execute their vision. Explain how your volunteering experience positively impacted your life and those you have served. What have you learned about yourself from these experiences and how will you apply what you have learned in your future? Please be specific (Approximately 2 pages).
- 3. ACTIVITY RESUME**
- 4. COUNSELOR RECOMMENDATION FORM**
- 5. LETTER OF RECOMMENDATION:** Be specific to this scholarship and why you feel the student deserves the award. Please do not use the general college recommendation letter.
- 6. OFFICIAL HIGH SCHOOL TRANSCRIPT, including senior year grades if available.** Awards are NOT based on GPA, but on the volunteering experience.

*Please **E-Mail** application and supporting documents preferably as a pdf in one attachment to:*

wsuffolkcounselors@gmail.com

Deadline: Friday, March 29, 2024

Questions? Please email wsuffolkcounselors@gmail.com



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STUDENT APPLICANT FORM

NAME _____

ADDRESS _____
Number & Street Town Zip

E-MAIL ADDRESS _____

CELL PHONE _____ DATE OF BIRTH _____

NAME OF HIGH SCHOOL _____

EDUCATIONAL PLANS FOR SEPTEMBER 2023:

COLLEGE/UNIVERSITY _____

LOCATION _____ MAJOR _____

NAMES OF PARENTS/GUARDIANS _____

SIGNATURE _____ DATE _____
STUDENT

Checklist:

- ✓ Student Applicant Form
- ✓ Student Essay
- ✓ Activity Resume
- ✓ Counselor Recommendation Form
- ✓ Counselor Recommendation Letter
- ✓ Official High School Transcript

**** All application materials, as per criteria, must be e-mailed to the WSCA Scholarship Committee at**

wsuffolkcounselors@gmail.com

Submission deadline is Friday, March 29, 2024



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COUNSELOR RECOMMENDATION FORM

STUDENT'S NAME: _____

NAME OF HIGH SCHOOL: _____

Please attach a letter of recommendation explaining why you feel this student is a good candidate for this scholarship. Please be specific. Thank you.

I verify that I am a current member of WSCA and the counselor of record for this student.

SIGNATURE _____ **DATE** _____

COUNSELOR'S NAME _____

PHONE _____

E-MAIL _____

NUMBER OF SENIORS IN YOUR CASELOAD _____

Number of students in the senior class _____