

Instructions:

1. Please print or type clearly the following information. Submit completed application, with all applicable signatures, to the above Post Office Box by June 1, 2023 or email completed application to [president@dsnocc.org](mailto:president@dsnocc.org). If the form is incomplete, inaccurate, or not signed, it will not be considered.
2. Graduating seniors in Onslow or Carteret Counties (including Camp LeJeune) with a minimum of ten documented hours volunteering in the Special Needs communities are eligible to apply.
3. Scholarship award will be sent directly to the financial aid office of the school which the student plans to attend.
4. Scholarship Award Amount. This year, two Scholarships will be awarded in the amounts of \$1,000 each.
4. Essay will be judged on how well it addresses the topic. All determinations will be made by the board and are final. Winners will be notified within 30 days of the close of the application period. Do you have a connection to the special needs community? If so, please explain here, including any volunteer hours:

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Attach an essay of approximately 1000 words addressing the following topic. Please ensure proper grammar, spelling, and punctuation are used.

*Topic: Explain the importance of including those with different abilities in the community, in the school environment, and in friendship groups. Using personal stories and life experiences is encouraged.*

Are you related to any member of the DSNOCC Board? Yes  
No If yes, please identify the Board member and the relationship:

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Authorization Information:

I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the DSNOCC organization the right to use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to

the donor of the scholarship.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*FOR SCHOLARSHIP COMMITTEE USE ONLY\*\*\*\*\*

Scholarship Fund Recommended: \_\_\_\_\_

Amount: \_\_\_\_\_

DSNOCC Executive Board Signature:

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Scholarship Awarded: \_\_\_\_\_

Date: \_\_\_\_\_