



Nacca Memorial Scholarship

Louise C. Nacca Memorial Scholarship for Educational Aid to the Handicapped 2020 Scholarship

Year The 1st Cerebral Palsy of New Jersey, Inc., is accepting applications for the Louise C.

Nacca Scholarship.

General Information

1. Applicants must be anticipating enrollment in an educational or vocational training program with the **2020** school year. Applicants must have clearly defined long term goals toward gainful employment.
2. Applicant must be a resident of New Jersey.
3. Applicant must have a permanent physical disability.
4. Applicant must demonstrate financial need.
5. Applicant may request renewal if eligibility criteria is satisfied.

Applicant must provide the following documents

1. Completed Application.
2. Medical proof of disability.
3. Three letters of recommendation.
4. Acceptance letter from educational or vocational training facility.
5. College bound applicants must submit complete academic and/or school records for grades 9-12.

Goal Statements - please include the following: (Return applicants (c) only)

- a) A description of your plans and aspirations.
- b) A description of how this scholarship would help you become a contributing member of society.
- c) Proof of most recent Federal Income Tax Return from applicant or parent (if dependant).

All materials must be postmarked by November 18,
2019 and sent to: Louise Nacca Scholarship Committee
1st Cerebral Palsy of New Jersey
7 Sanford Avenue Belleville, NJ 07109

Materials submitted to the Scholarship Committee will not be returned. The confidentiality of information provided will be respected.



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Application Form

Student's/Clients Name	Name of Parents/Guardians/Foster Parents		
Address	City	State	Zip
Home Phone	Email		
Cell Phone	Cell Phone		
Work Phone	Work Phone		

Schools Attended (including current school)

Date Enrolled	School	City/State	Grade Completed

Scholarship Details

To what program would the scholarship support be applied?

Name of School	Phone		
Address	City	State	Zip

Are you currently accepted for admission?

If not, when do you expect to be notified?

In what area of study are you or will you be enrolled?

What is your physical disability?



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Employment Experiences

Dates	Employer	Position
Dates	Employer	Position
Dates	Employer	Position

Volunteer Activities

List organizations and volunteer activities you have been involved in. Include mention of awards or recognitions received.

Personal Interest/Hobbies

Estimate of Funds

Estimate funds you will require to attend school for the scholarship year. (Please submit an itemized budget)

\$

Financial Support

List of financial resources available to you including SSI, DVR, Parental Support, Trust Funds and other grants, assistance or scholarships you have applied for and/or received.

Financial Resources

Date	Signature of Applicant		
Date	Signature Parent, Guardian (if a minor)	Parent, Guardian Phone	
Parent, Guardian Address (if different than minor)		City	Zip



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Personal Information

Name	Social Security No.	
Address	City	Zip
Home Phone	Cell Phone	
School	Bursar or Financial Aide Officer	
School Address	City	Zip
School Telephone Number		
Signature	Date	