

**Louise C. Nacca Memorial Scholarship**  
**for Educational Aid to the Disabled**  
**2025-2026 Scholarship Year**

The 1<sup>st</sup> Cerebral Palsy of New Jersey, Inc., is accepting applications for the Louise C. Nacca Scholarship.

**General Information:**

Applicants must be anticipating enrollment in an educational or vocational training program with the 2025-2026 school year. Applicants must have clearly defined long term goals toward gainful employment.

- Applicant must be a resident of New Jersey.
- Applicant must have a permanent physical disability.
- Applicant must demonstrate financial need.
- Applicant may request renewal if eligibility criteria is satisfied.

**Applicant must provide the following documents:**

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

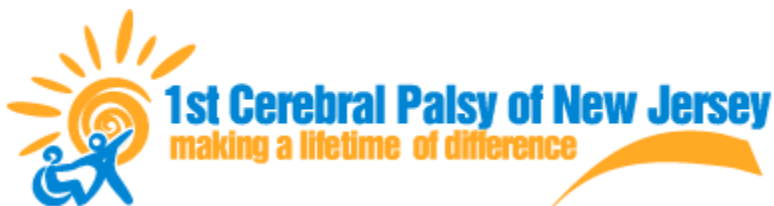
**Goal Statements – please include the following: (Return applicants (c) only)**

- 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 dependent).

All materials must be postmarked by May 2, 2025 and sent to:

Louis Nacca Scholarship Committee  
1<sup>st</sup> 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.



7 Sanford Avenue - Belleville, NJ 07109  
Phone: 973-751-0200, Fax: 973-751-4635

**Louise C. Nacca Memorial Scholarship for Educational Aid to the Disabled**  
**APPLICATION FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
(Address) (City) (State) (Zip)

Telephone \_\_\_\_\_

Schools attended, including current school:

| <u>Date Enrolled</u> | <u>School</u> | <u>City/State</u> | <u>Grade Completed</u> |
|----------------------|---------------|-------------------|------------------------|
|                      |               |                   |                        |
|                      |               |                   |                        |
|                      |               |                   |                        |

To what program would the scholarship support be applied?

Name of School: \_\_\_\_\_

\_\_\_\_\_  
(Address) (City) (State) (Zip)

Are you currently accepted for admission? Yes [ ] No [ ]

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List employment experiences:**

| <b>Employer</b> | <b>Position</b> | <b>Dates</b> |
|-----------------|-----------------|--------------|
|                 |                 |              |
|                 |                 |              |
|                 |                 |              |

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

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**Describe your personal interests and hobbies:** \_\_\_\_\_

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|  |

**Estimate funds you will require to attend school for the scholarship year. (Submit an itemized budget):**

**\$** \_\_\_\_\_

**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:**

|  |
|--|
|  |
|  |
|  |

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If a minor, signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If the applicant is a minor, please furnish Parent or Guardian's address if different from the applicant.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone** \_\_\_\_\_



## Louise C. Nacca Memorial Scholarship for Educational Aid to the Disabled

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

School: \_\_\_\_\_

Bursar or Financial Aide Officer: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School Telephone Number: \_\_\_\_\_

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