

Louise C. Nacca Memorial Scholarship
for Educational Aid to the Handicapped
2024-2025 Scholarship Year

The 1st 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 2024-2025 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 24, 2024 and sent to:

Louis 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.



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

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

Employer	Position	Dates

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

Describe your personal interests and hobbies: _____

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 Handicapped

Name: _____ **Social Security #** _____

Address: _____

Phone # _____

School: _____

Bursar or Financial Aide Officer: _____

School Address: _____

School Telephone Number: _____

Signature: _____ **Date:** _____