

C. O.M.E. SCHOLARSHIP PROGRAM

Eligibility

To be considered for this scholarship, the candidate must:

- Be a full-time or part-time minority student
- Be enrolled in an approved and/or regionally accredited school counseling or school psychology program in the United States, with the aim of becoming a practicing School Counselor or School Psychologist
- Be in good academic standing

Application Procedure:

1. Submit a cover letter with a resume which includes a brief autobiographical statement describing career goals and interests; motivation for choosing school counseling or school psychology as a career.
2. Request the release of official transcripts of graduate (for currently attending students) or undergraduate (for students entering graduate school) coursework completed to date.
3. Provide ~two letters of recommendation.

A check in the amount of \$1,000.00 will be sent to the college / university in which the student is enrolled, creditable to the student's tuition account. Only the scholarship awardees will be notified by C.O.M.E

All Letters, forms and transcripts must be received complete. Incomplete information will not be considered for this scholarship. Materials and inquiries should be directed to:

**Coalition of Multicultural Educators C/O
Daniel & Barbara Brinson, Founders
36475 Pepper Drive Solon, Ohio 44139
Phone (440) 248-2092**

Please feel free to duplicate and distribute this application packet,

GENERAL INFORMATION

(Please print in ink or type)

Last Name _____ First Name _____ Mid-Initial _____

Mailing Address: _____
Street

City State Zip

Home Phone _____ E-Mail _____ Birth Date (mm/dd/yyyy) _____

Gender: _____ Male _____ Female Social Security Number: _____

Ethnicity (check one):

_____ American Indian/Alaska Native _____ Asian-American/Pacific Islander

_____ Black / African-American _____ Chicano / Mexican-American

_____ Puerto Rican _____ Hispanic / Latino

_____ Other (specify): _____

What are your plans after the completion of your degree? _____

Verification of Application

I the undersigned, have read and I understand the conditions of this application; the information contained within is true, complete; and to the best of my knowledge I am eligible to receive this Scholarship as defined by the Coalition of Multicultural Educators (C.O.M.E.).

Applicant's Signature _____

Date _____

Certification of Program Acceptance

I _____ hereby certify that _____
(School designee) (Name of applicant)

has been accepted or is currently enrolled in the _____
(Name of college or university)

school counseling or school psychology program.

Advisor / School Designee Signature _____

Date _____

Name of College/University

Address

Street

City State Zip Code

Telephone

(Area Code) (Phone Number)

Name of Applicant: _____ Date: _____

Letters of Recommendation

The Coalition of Multicultural Educators (C.O.M.E.) Minority Scholarship Program awards scholarships to minority students enrolled in school counseling and school psychology programs. The student whose name appears at the top of this form is applying for a scholarship from C.O.M.E. The *Selection* Committee would appreciate your help as they consider her/his application. In your Letter of Recommendation, please respond to the questions that follow as fully as you can:

1. How long have you known the applicant and in what capacity?
2. What are the applicant's strengths and special talents?
3. One of the criteria is that this applicant must meet is the pursuit and/or continuing to pursue a degree and a career in school counseling or school psychology. Please give your assessment of the applicant's interest in this area.

Please return your recommendation letter directly to the student who will include it in his/her application package.

Applicant Release

For completion by the Applicant:

An originally signed copy of this release must accompany each letter of Recommendation submitted in the application package. Please make copies of this page and complete for each Letter of Recommendation you submit.

I, _____, hereby authorize the person writing this (Applicant's name)

Letter of Recommendation to C.O.M.E. (_____) to release any and all information requested on this form.

Applicant Signature

Date