

**STEUBEN COUNTY SCHOOL COUNSELOR**  
**ASSOCIATION**  
**ANNUAL SCHOLARSHIP**

For students pursuing a career in the helping profession.

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

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

College Planning to Attend: \_\_\_\_\_

College Major: \_\_\_\_\_

Intended Occupation: \_\_\_\_\_

**Essay**

On a separate piece of paper (no more than one double-spaced typed page).

**Topic: Why you have chosen to pursue a career in the helping professions?**

Include with application:

1. School/Community/Employment Activity Sheet
2. Transcript (Should include class rank and SAT/ACT scores if available).
3. One letter of recommendation from a school official (Teacher, Counselor, etc...).

**Due Date: April 13, 2018**

**Only completed applications will be considered**

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**SIGNATURE: Steuben County Counselors Association Member**