

# Chautauqua County Counselors' Association Scholarship

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

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

\_\_\_\_\_

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

GPA (Unweighted): \_\_\_\_\_

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

**Criteria:**      **High School Senior**

**Majoring in a counseling related field, education, or social work**

**Current High School Transcript**

**Application with essay (see below)**

**Deadline:**      **FRIDAY APRIL 11th, 2025 to your School Counselor (CCCA Representative)**

**Amount:**      **Varies**

**Please submit your completed application to your Counseling Office.**

*College(s) to which you have applied:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Extra-Curricular Activities:*** *(school and/or community) List years of participation*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Community Service:** *List years of participation*

---

---

---

---

---

**Leadership Positions:** *(School and Community) List years in the positions*

---

---

---

---

**Honors, Awards and Recognitions:** *List years when earned*

---

---

---

---

**Essay:** Please attach your essay that describes an activity or experience that has helped influence your decision to pursue a career in a counseling related profession, education, or social work. Essay must be typed.

---

Student Signature

---

Date

**Counselors:** Please submit these applications to Tricia Dallas via email [tdallas@frewsburgcsd.org](mailto:tdallas@frewsburgcsd.org) or fax (716) 569-7073.