

## KATHELYN CASWELL MEMORIAL SCHOLARSHIP APPLICATION FORM

## **DESCRIPTION:**

Up to two scholarships in the amount of \$500 will be awarded to graduating high school students. Applicants must be residents of Columbia County or a child of a Coarc employee who have been accepted and matriculated in an undergraduate college-level program of study leading to career-preparation relevant to work with the disabled (e.g. rehabilitation counselor, special education teacher, any allied field). Academic performance and personal recommendations will be considered in awarding the scholarships.

APPLICANT'S NAME:	DATE OF BIRTH:	
HOME ADDRESS:	TELEPHONE:	
PARENT OR GUARDIAN:(if a minor)		
NAME AND ADDRESS OF COLLEGE BY WHICH APPLICANT HAS BEEN ACCEPTED:		
MAJOR COURSE OF STUDY:		
ANTICIPATED FUTURE OCCUPATIONAL GOAL:		
ACADEMIC PERFORMANCE - (Indicate class rank, any outstanding academic achievements or other relevant information.)		

LIST EXTRACURRICULAR, COMMUNITY ACTIVITIES OR EMPLOYMENT EXPERIENCES RELATING TO WORK WITH PEOPLE WITH DISABILITIES:				
	ERENCES AND ARRANGE FOR TWO LETT DARC (Applications will not be considered without			
Name	Address	Telephone Number		
Name	Address	Telephone Number		
	OR LESS, PLEASE WRITE A BRIEF PARAG OU SHOULD BE CONSIDERED:	RAPH EXPLAINING WHY YOU		

ADDITIONAL INFORMATION THAT THE APP	LICANT CONSIDERS PERTINENT TO V	VORKING		
WITH PEOPLE WITH DEVELOPMENTAL DISA	ABILITIES:			
		<del></del>		
Applicant's Signature	Date			
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DEADLINE FOR APPLYING: MAY 3, 2019.				

PLEASE MAIL COMPLETED APPLICATION FORM TO: COARC SCHOLARSHIP P.O. BOX 2 MELLENVILLE, N.Y. 12544.

PLEASE ARRANGE FOR TWO CURRENT LETTERS OF REFERENCE (FROM PERSONS WHO ARE NOT RELATED TO YOU) TO BE MAILED TO THE COARC ADDRESS BY THE DEADLINE OF MAY 3, 2019.

PLEASE NOTE IF YOU ARE CHOSEN AS THE RECIPIENT OF THE AWARD YOU MUST ATTEND THE COARC ANNUAL MEETING ON MONDAY JUNE 17, 2019 UNLESS A VALID EXCUSE IS PRESENTED.