

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:		
ADDRESS:	CITY, STATE, ZIP:	
TELEPHONE:	EMAIL ADDRESS:	
HIGH SCHOOL CURRENTLY A	TTENDING:	
PARENT OR GUARDIAN: (if a minor)		
NAME AND ADDRESS OF COL	LEGE WHICH APPLICANT HAS BEEN ACCEPTED:	
MAJOR COURSE OF STUDY: _		
ANTICIPATED FUTURE OCCUI	PATIONAL GOAL:	

ACADEMIC PE information.)	ERFORMANCE - (Indicate class rank, any ou	tstanding academic achievements or other relevant
	URRICULAR, COMMUNITY ACTIVITIES WORK WITH PEOPLE WITH DISABILIT	
MAILED TO:		ETTERS OF RECOMMENDATION TO BE lenville, NY 12544 (Applications will not be F MAY 3, 2021
Name	Address	Telephone Number
Name	Address	Telephone Number

IN 200 WORDS OR LESS, PLEASE WRITE A BRIEF PARAGRAPH EXPLAINING WHY YOU THINK THAT YOU SHOULD BE CONSIDERED: Please attach on a separate page.

ADDITIONAL INFORMATION THAT THE APPLICAL WITH PEOPLE WITH DEVELOPMENTAL DISABILITY	
Applicant's Signature	Date
DEADLINE FOR APPLYING: MAY 3, 2021.	
PLEASE MAIL COMPLETED APPLICATION FOR COARC SCHOLARSHIP PO BOX 2 MELLENVILLE, NY 12544.	M AND LETTERS OF REFERENCES TO:
PLEASE NOTE:	
IF YOU ARE CHOSEN AS THE RECIPIENT OF TH MEETING IS HELD IN-PERSON, YOU MUST ATT THE AWARD.	

THANK YOU FOR APPLYING AND GOOD LUCK!