

MARY MARKOWITZ MEMORIAL SCHOLARSHIP APPLICATION FORM

DESCRIPTION:

Up to two scholarships in the amount of \$500 will be awarded to adult higher education students. Applicants must be residents of Columbia County or a child of a Coarc employee who have been accepted and matriculated in a 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:		
STREET:	CITY, STATE, ZIP:	
TELEPHONE:	EMAIL ADDRESS:	
NAME AND ADDRESS O	F COLLEGE WHICH APPLICANT HAS BEEN ACCEPT	ED OR ATTENDS:
MAJOR COURSE OF STU	JDY:	
ANTICIPATED FUTURE	OCCUPATIONAL GOAL:	

	RFORMANCE - (Indicate class rank, any out lude high school information if you have not y	standing academic achievements or other relevant et begun college studies.)
	JRRICULAR, COMMUNITY ACTIVITIES WORK WITH PEOPLE WITH DISABILITI	
MAILED TO C		ETTERS OF RECOMMENDATION TO BE LLENVILLE, NY 12544 (Applications will not
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 a separate page.

ADDITIONAL INFORMATION THAT THE APPLICATION WITH PEOPLE WITH DEVELOPMENTAL DISABIL	
Applicant's Signature	Date
DEADLINE FOR APPLYING: MAY 3, 2021.	
PLEASE MAIL COMPLETED APPLICATION FO COARC SCHOLARSHIP PO BOX 2 MELLENVILLE, NY 12544.	RM AND LETTERS OF RECOMMENDATION TO:
PLEASE NOTE:	
IF YOU ARE CHOSEN AS THE RECIPIENT OF T MEETING IS HELD IN-PERSON, YOU MUST AT THE AWARD.	

THANK YOU FOR APPLYING AND GOOD LUCK!