

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:	DATE OF BIRTH:
HOME ADDRESS:	TELEPHONE:
PARENT OR GUARDIAN: (if a minor)	
NAME AND ADDRESS OF COLLEGE WHICH API	PLICANT HAS BEEN ACCEPTED:
MAJOR COURSE OF STUDY:	
ANTICIPATED FUTURE OCCUPATIONAL GOAL	.a
ACADEMIC PERFORMANCE - (Indicate class rank, information. Include high school information if you ha	any outstanding academic achievements or other relevant ave not yet begun college studies.)

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

WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES:				
WITH PEOPLE WITH DEVELOPMEN	TAL DISABILITIES:			
		 		
Applicant's Signature	-	Date		
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 RECIPIENTS OF THIS AWARD MUST ATTEND THE COARC ANNUAL MEETING ON MONDAY JUNE 17, 2019 UNLESS A VALID EXCUSE IS PRESENTED.