

(This Application may be reproduced.)

**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:

\_\_\_\_\_  
\_\_\_\_\_

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LIST TWO REFERENCES AND ARRANGE FOR TWO LETTERS OF RECOMMENDATION TO BE  
MAILED TO COARC (Applications will not be considered without these.):

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Name	Address	Telephone Number
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Name	Address	Telephone Number
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IN 200 WORDS OR LESS, PLEASE WRITE A BRIEF PARAGRAPH EXPLAINING WHY YOU  
THINK THAT YOU SHOULD BE CONSIDERED:\_\_\_\_\_

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ADDITIONAL INFORMATION THAT THE APPLICANT CONSIDERS PERTINENT TO WORKING  
WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES:

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Applicant's Signature

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Date

**DEADLINE FOR APPLYING: MAY 1, 2015. PLEASE MAIL COMPLETED APPLICATION FORM TO COARC SCHOLARSHIP, P.O. BOX 2, MELLENVILLE, N.Y. 12544. PLEASE ARRANGE FOR TWO LETTERS OF REFERENCE (FROM PERSONS WHO ARE NOT RELATED TO YOU) TO BE MAILED TO THE COARC ADDRESS BY THE DEADLINE.**