

(This Application may be reproduced.)

MARY MARKOWITZ MEMORIAL SCHOLARSHIP APPLICATION FORM

DESCRIPTION:

Up to two scholarships in the amount of \$500 will be awarded to adult college 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 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. Include high school information if you have not yet begun college studies.)

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.):

Name	Address	Telephone Number
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Name	Address	Telephone Number
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IN 100 WORDS OR LESS, PLEASE WRITE A BRIEF PARAGRAPH EXPLAINING WHY YOU THINK THAT YOU SHOULD BE CONSIDERED:_____

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

Applicant's Signature

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.