



**Rehabilitation Services Administration  
Long-Term Training Grant  
Scholarship Application**

**PLEASE READ: You are not eligible for this grant scholarship if you are currently receiving stipend money through the DOC Deaf, deafened and hard of hearing program.**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Street & Apartment #                      City                      State                      Zip Code

Phone: \_\_\_\_\_

(Home)    (Work)

Email(s): \_\_\_\_\_

Department/Program Information:

1. Specialization: \_\_\_\_\_ Emphasis: \_\_\_\_\_
2. Date Started Program: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_
3. Full-time Student \_\_\_\_\_ Part-time Student \_\_\_\_\_ (check-one)
4. Total Number of Units completed in the Department of Counseling \_\_\_\_\_
5. Total Number of Units completed for the Rehabilitation Counseling Program \_\_\_\_\_  
(Note: There are five rehabilitation courses needed in addition to the core counseling program)
6. If currently enrolled in the DOC, what is your GPA as of Fall 2009: \_\_\_\_\_
7. If you are a new student, what is your GPA from the last 60 units of coursework? \_\_\_\_\_
8. Are you receiving any other academic related scholarships? \_\_\_\_\_ Yes    \_\_\_\_\_ No
9. If yes above, from whom and how much are you receiving? \_\_\_\_\_
10. Personal Statement: Provide a brief (250 words) statement describing your qualifications for receipt of the RSA Scholarship.
11. Attach an up-to-date resume

**Please submit this application with this sheet on top, followed by your personal statement and resume to Dr. Chronister by August 24<sup>th</sup>, 4:30pm. Hard copies preferred.**