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 people living with a disability (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: _____

HIGH SCHOOL CURRENTLY ATTENDING: _____

PARENT OR GUARDIAN: _____
   (if a minor)

NAME AND ADDRESS OF COLLEGE 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 LIVING WITH A DISABILITY:

_____

_____

_____

_____

_____

LIST TWO REFERENCES AND **ARRANGE FOR TWO LETTERS OF RECOMMENDATION TO BE MAILED OR EMAILED TO: COARC SCHOLARSHIPS, PO Box 2, Mellenville, NY 12544 or pamelad@coarc.org (Applications will not be considered without these.) BY THE DEADLINE DATE OF MAY 9, 2025**

_____
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 on a separate page.

ADDITIONAL INFORMATION THAT THE APPLICANT CONSIDERS PERTINENT TO WORKING WITH PEOPLE LIVING WITH A DISABILITY:

_____

_____

_____

_____

_____

_____   _____

      Applicant's Signature   Date

DEADLINE FOR APPLYING: **MAY 9, 2025.**

PLEASE MAIL OR EMAIL COMPLETED APPLICATION FORM AND LETTERS OF REFERENCES TO:
MAIL;   **EMAIL;**
COARC SCHOLARSHIP   **pamelad@coarc.org**
PO BOX 2
MELLENVILLE, NY 12544.

PLEASE NOTE:

IF YOU ARE CHOSEN AS THE RECIPIENT OF THIS AWARD YOU MUST ATTEND COARC'S ANNUAL MEETING ON MONDAY, JUNE 16TH, MELLENVILLE HEADQUARTERS, 630 ROUTE 217, MELLENVILLE, NY TO ACCEPT THE AWARD.

THANK YOU FOR APPLYING AND GOOD LUCK!