RSA Long Term Training Scholarship Application

Instructions: Please complete this application form to be considered for a RSA scholarship. You may submit the completed signed application via email to Dr. Jackie Rogers, at Jackie.Rogers@uky.edu. Or, you may fax the application to Attn: Dr. Jackie Rogers at (859) 257-3835. If you have a question, please contact Dr. Rogers at the email address above.

Applicant’s Name: ____________________________________ (Print Name)

I hereby apply for a RSA Training Scholarship. I affirm that I have read all instructions and explanatory materials and will follow the application guidelines outlined below. I verify that I am (or will be) enrolled in the University of Kentucky Online Master’s Program in Rehabilitation Counseling and meet the basic eligibility criteria. I give permission for the Graduate Program in Rehabilitation Counseling staff to make use of all of my application materials in scholarship deliberations.

Application Guidelines for RSA Scholarship

The following guidelines must be followed:

1. Applicant must complete an RSA Scholarship Application.
2. Applicant must meet all university and program admission guidelines.
3. Applicant must be admitted to the Graduate Program in Rehabilitation Counseling.
4. Applicant will provide three (3) letters of recommendation ranking their abilities for success as a rehabilitation counselor. (Note: If currently employed by a state rehabilitation agency, at least one letter must be from your agency. Applicant may use the same letters of recommendation which were submitted for application to the Rehabilitation Counseling graduate program.
5. Applicant will provide a unique personal statement of interest in the field of rehabilitation counseling, describing how their professional, academic, and personal experiences led them to apply to the program and why they are interested in working in a state vocational rehabilitation agency.
6. Applicant will attend an informational meeting that will outline the selection criteria, scholarship guidelines and payback requirements, including the need to maintain regular contact until payback obligation has been met.
7. Applicant will sign a statement of understanding upon completion of the orientation.

__________________________________  __________________
Applicant Signature                     Date
Please complete the following information:

Address:

Phone:
Work Phone:
Email Address:

Please write a personal statement of interest in the field of rehabilitation counseling describing how your professional, academic, or personal experiences led you to apply to the Graduate Program in Rehabilitation Counseling and why you are interested in working in a state rehabilitation agency upon graduation (a scholarship requirement).