



Rehabilitation Service Administration (RSA)
Long-Term Training Program
Scholarship Application

Long-Term Training Grant Award - # H129B150013

Name: _____

Address: _____

Phone: _____

Email: _____

Full-time: _____

Online: _____

Part-time: _____

On Campus: _____

Began Program (*please indicate semester and year*) _____

Expected Graduation (*please indicate semester and year*) _____

Current GPA: _____

Current Tuition Funding Source (*e.g. vocational rehabilitation, blind services, Veterans services, etc.*):

Career Interests (*check all that apply*):

Transition Services _____

Substance Use Disorders _____

Veteran Services _____

Older Adult Services _____

Vocational Rehabilitation _____

Other (please specify) _____

Psychiatric Rehabilitation _____

Other (please specify) _____

Please indicate the courses you will be taking during the following semesters:

Summer II 2016:

Fall 2016:

Spring 2017:

For Department Purposes Only

Date Received: _____ Date Reviewed: _____ By (initials): _____

Decision: _____ Letter Sent on: _____