

## APPLICATION FOR UALR – RSA SCHOLARSHIP

Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

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

Work Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Online Courses taken at UALR:

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Professional Goal: Briefly describe your goals upon completion of this degree, including type of agency, target population you would like to teach as an Orientation and Mobility instructor or a Rehabilitation Teacher, etc:

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-Enclosed is a signed copy of the UALR-RSA Scholarship Agreement form

-Enclosed is a signed copy of the Certificate of Eligibility form

\_\_\_\_\_  
(Scholar's Signature)

\_\_\_\_\_  
(Date)