

**APPLICATION FOR
2017 KCA SUMMER SCHOLARSHIP**
COMPLETE AND RETURN NO LATER THAN: April 1



COMPLETION OF ALL INFORMATION REQUIRED.

NAME: _____
Last
First
Middle

HOME ADDRESS: _____
Street
City
State
Zip

WORK INFO: _____
School or Company
Complete Address
City
State
Zip

EMAIL ADDRESS: _____

HOME/CELL PHONE: _____ WORK PHONE : _____

CURRENT WORK POSITION : _____

1. Enter name of university you plan to attend during this summer: _____
2. Have you applied for admission to the university? Yes No
3. Have you been accepted? Yes No

4. SPECIAL NOTE: Send a copy of your notification of admission to the program you received from the university OR list a college educator who can verify your participation in a counseling program.

Counselor Educator

email Address

5. CURRENT STATUS OF COMPLETED COLLEGE COURSE WORK: (*Check one*)
- | | |
|---|---|
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Master's + 15 Semester Hours |
| <input type="checkbox"/> Bachelor's + 15 Semester Hours | <input type="checkbox"/> Master's + 30 Semester Hours |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Other (Identify) _____ |

6. MARITAL STATUS: (*Check one*) Single Married Birth Date _____
Month
Day
Year

Total Number of Dependents (*excluding spouse*): _____ Chronological Ages of Children _____

7. GROSS INCOME (Include income of spouse, if employed): (*Check one*)
- | | |
|--|--|
| <input type="checkbox"/> Under \$19,000 | <input type="checkbox"/> \$30,000-34,999 |
| <input type="checkbox"/> \$19,000-24,999 | <input type="checkbox"/> Over \$35,000 |
| <input type="checkbox"/> \$25,000-29,999 | |

8. COLLEGES AND UNIVERSITIES ATTENDED:

Name of Institution	Credit Hours Earned		Major	Degree	Dates Attended	
	Semester	Quarter			From	To

9. TEACHING AND/OR OTHER WORK EXPERIENCE: *(List last three positions only.)*

Position	Place of Employment	Dates Employed	
		From	To

10. Why are you applying for a KCA scholarship? In the space below, please provide information that will support the need for financial assistance *(i.e., spouse's employment status, your employment status for the summer, unanticipated expenses)*.

11. What are your goals for the future, as a professional counselor? And how will a KCA scholarship aid you in reaching your goals?

12. What is the status of your employment for the current year? Beyond this year? Is your employment dependent upon the certification you are pursuing? Please explain. _____

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. _____

Signature of Applicant Date of Application

Return completed application to:

bradenkca@gmail.com