

2010 KCA SUMMER SCHOLARSHIP PROGRAM FOR COUNSELOR TRAINING

FACT SHEET

WHY: A shortage of professionally trained counselors exists in some regions in both schools and communities. The shortages are projected to increase as community programs develop and as school counselors retire.

WHAT: Scholarships to assist young women and men who are interested in becoming school or mental health counselors, but who have not yet met the certification requirements. Scholarship assistance includes both tuition and textbooks--KCA provides grants of \$200 for textbooks to the recipient, and, each participating university provides one tuition waiver for the 2010 Summer School.

WHERE: Participating universities are Campbellsville University, Eastern Kentucky University, Lindsey Wilson College, Morehead State University, Murray State University, University of Louisville, Western Kentucky University and Xavier University (*preference will be given to beginning Master's students who have earned less than 15 hours*).

HOW: Applicants must: complete the application; document acceptance by the participating university; and provide a letter of recommendation.

WHEN: The deadline for submitting all of the above is **April 15**.

For more information and an application,
go to KCA's website: www.kyca.org.

The application is available under the heading:
KCA Summer 2010 Scholarship Application.



APPLICATION FOR 2010 KCA SUMMER SCHOLARSHIP

COMPLETE AND RETURN NO LATER THAN: April 15

COMPLETION OF ALL INFORMATION REQUIRED.

NAME: _____
Last First Middle

HOME ADDRESS: _____
Complete Address City, State Zip

OFFICE ADDRESS: _____
School System Complete Address City, State Zip

EMAIL ADDRESS: _____

HOME TELEPHONE NUMBER: _____ OFFICE TELEPHONE NUMBER: _____

CURRENT POSITION: _____ ASSIGNMENT FOR NEXT YEAR: _____

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 ***SPECIAL NOTE: Ask the chairman of the department at the university you plan to attend to write the KCA Executive Director a letter stating that you have been accepted in the program you plan to pursue. Or send a copy of your notification of admission to the program you received from the university.***

4. List the name of the person who is sending a letter of recommendation. ***It is your responsibility to see that both letters reach the KCA Executive Director by April 15.***

NAME

ADDRESS

5. CURRENT STATUS OF COLLEGE COURSE WORK: (Check one)

Bachelor's Degree Master's + 15 Semester Hours
 Bachelor's + 15 Semester Hours Master's + 30 Semester Hours
 Master's Degree 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)

Under \$19,000 \$23,000-24,999 \$29,000-30,999
 \$19,000-20,999 \$25,000-26,999 \$31,000-32,999
 \$21,000-22,999 \$27,000-28,999 Over \$33,000

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 school 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:

**KCA Executive Director, Dr. Bill Braden
622 Timothy Drive, Frankfort, Kentucky 40601.**