

ST. JOSEPH'S REHABILITATION CENTER, INC. COLLEGE SCHOLARSHIP GUIDELINES

1. The St. Joseph's College Scholarship is designed to provide college financial assistance to an adult student (21 years of age or older) returning to school after an absence and enrolled in a degree program in addiction studies or a related field. These scholarships are funded by contributions from St. Joseph's Employees.
2. The student must be a New York State resident and have been accepted to an accredited college or university. Members of the Selection Committee or their families will not be eligible for the award.
3. One or more scholarships per year will be available based upon funds available. The scholarship may be withheld based on lack of funds or lack of an acceptable candidate.
4. An application will consist of:
 - a. A completed application with requested attachments.
 - b. Verification of enrollment in a degree program.
 - c. Commitment to a personal interview, if necessary, to select recipient.
5. Applications must be received by St. Joseph's by June 1st.
6. All applications will be reviewed by St. Joseph's Scholarship Selection Committee. The committee's decision will be final and will be communicated to all applicants by June 30th.

For more information contact St. Joseph's:

Telephone: (518) 891-3950

Fax: (518) 891-1946

Internet: www.sjrcrehab.org

SJRC COLLEGE SCHOLARSHIP APPLICATION FORM

APPLICANT INFORMATION

Date:		Social Security Number:	
Date of Birth:		Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/>	
Last Name:	First:	Middle:	
Address:			
City:		State:	Zipcode:
Daytime Phone:		Evening Phone:	

ATTACHMENTS

- Verification in degree program
 Two (2) letters of recommendation
 Personal statement describing your educational and career goals

CONFIDENTIAL STATEMENT OF FINANCES

Are you receiving any other scholarships? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? \$			
Will you have any other sources of assistance (grants, loans etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? \$			
Do you work: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, hours per week: _____ Hourly Rate: \$ _____ Number of dependents: _____			
Net income on your last income tax return:			
What college expenses will you incur? Fill in below.			
Tuition: \$	Books: \$	Rent/Room: \$	Board: \$
Transportation: \$	Child Care: \$	Other (specify): \$	Other (specify): \$

Return Applications and Materials by June 1st to:

**SJRC Scholarship Committee
P.O. Box 470
Saranac Lake, NY 12983-0470**