

## Mail to: The Marge Tierney Scholarship Fund c/o Deputy Commissioner of ACCES : DVKIQJ WRQ \$ YH 5 RRP (%\$ Albany, NY 12234

Application Deadline is June 1

Last Name				First Name			MI	
Address			City	1	State Zip Code		ode	
Telephone number.Fax nu( )( )		Fax num	ber		e-mail address			
Graduate Program in Rehabilitation Counseling								
School Prog		ogram		Degree		Dates	Dates of Attendance	
Program Advisor				Program Advisor's Telephone Number ( )				
Essay: (500 words or less. Attach more sheets if necessary.) Please describe your vision of the field of vocational rehabilitation and how you will contribute to the realization of your vision.								

## Please attach:

- Copy of current transcript and resume
- References: name, address, e-mail and telephone number of two persons who will serve as references

The application form and all required attachments must be received by June 1st to be considered for the scholarship for the following fall semester. The award is announced in September.

An in-person or telecommunication interview with the Scholarship Committee is required for all scholarship finalists.