

2011 RURAL SCHOLARSHIP APPLICATION FORM

Complete this form and mail it with the other required application materials to the address below.
Please type or print clearly.

Contact Information:

1. Full Name: _____
2. Primary Address: _____
3. Primary Telephone Number: () _____
4. Primary E-mail Address: _____

Education Information:

1. Graduate Institution: _____
2. Degree Name: _____ Degree Type: _____
3. Anticipated Graduation Date: _____
4. Undergraduate Institution: _____
5. Degree Name: _____ Degree Type: _____
6. Graduation Date: _____

Rural Information:

1. Rural County of Residence: _____ ZIP Code: _____
2. Employment or Volunteer Position(s) in Rural Area(s): _____

Required Rural Application Materials (please submit six collated sets (the originals plus five copies) of the following):

- An official transcript from a CACREP-accredited master's-level counseling program documenting current enrollment and good standing, completion of at least 18 semester hours, and a current course load of at least six credit hours.
- An official transcript from your undergraduate program.
- Documentation of residence in a rural area as defined by the Health Resources and Services Administration (HRSA).
- A student profile, curriculum vitae or résumé.
- A completed 2011 Rural Scholarship Application Form
- A statement explaining your interest in the scholarship, your background with rural communities, and your commitment to serving a rural or underserved area for at least two years after graduation. Please highlight previous employment, internships or volunteer positions in these communities. Please also include a statement confirming that you will apply for the NCC credential prior to graduation.
- If you have any criminal or professional disciplinary matters, please send a written statement describing the circumstances and the final official documentation.

I certify that the information provided in this application is accurate to the best of my knowledge. I agree that the NBCC Foundation has the right to contact any person or organization regarding this application, and I authorize the release of any information requested by the NBCC Foundation to verify the accuracy of this application.

Applicant's Signature: _____