

# Bonnie Watson-Peterson Scholarship

**Rehabilitation Association of Nebraska**

**For Students in the Field of Rehabilitation or a Related Area of Study**

**2016 (Page 1 of 3)**

Goal: To provide a scholarship for a student with a disability in the field of Rehabilitation or a related area, Graduate or undergraduate. This includes study in the area of rehabilitation, human services, social work, psychology, occupational therapy, social work, counseling or related occupations.

Award: In the spring of 2016, an award of $500 will be given, to be used in the fall of 2016. In addition, each recipient can receive a membership in the NationalRehabilitation Association.Preference will be given to Nebraska residents.

Selection Committee: A representative in the field of education, the president and three past or present members of the Rehabilitation Association of Nebraska, a consumer, and independent representative.

Application Criteria and Procedures:

1. Be a graduate or undergraduate student in the field of rehabilitation or a related area. You may be a high school senior planning to major in the field of rehabilitation or a related area.
2. Complete a Scholarship Application.
3. Provide at least one letter of recommendation.
4. Complete the Statement of Disability.
5. Submit a grade transcript. (To be used only in the event of a difficult decision.)
6. Submit the scholarship application to: Scholarship committee, Rehabilitation Association of Nebraska, C/O Vocational Rehabilitation Services, 301 Centennial Mall South, 6th Floor, PO Box 94987, Lincoln, NE 68509-4987.

**APPLICATION DEADLINE: March 31, 2016**



## Scholarship Committee

**Rehabilitation Association of Nebraska**

**C/O Vocational Rehabilitation Services**

**301 Centennial Mall South-6th Floor**

**P.O. Box 94987**

**Lincoln, NE 68509-4987**

# BONNIE WATSON-PETERSON

**SCHOLARSHIP APPLICATION**

**Page 2 of 3**

## NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Last First Middle**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street Apt. #**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City County State Zip**

**TELEPHONE:\_\_\_(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a Nebraska resident? \_\_\_YES \_\_\_NO**

**Where do you plan to attend school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please answer the following questions on a separate sheet of paper and attach to this application:**

1. **How did you develop an interest in the field of rehabilitation?**

**\*(Please state your career goal and what has influenced your decision.)**

1. **What are some influences which have made you a successful person?**
2. **List one or more of your accomplishments. You may include special projects, school, volunteer, etc.**
3. **Why should the selection committee award you the RAN scholarship?**

**Scholarships must be postmarked by March 31, 2016**



## Scholarship Committee

**Rehabilitation Association of Nebraska**

**C/O Vocational Rehabilitation Services**

**301 Centennial Mall South-6th Floor**

**P.O. Box 94987**

**Lincoln, NE 68509-4987**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have a disability.

 (Name)

Please describe your disability, how it has impacted your life:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_