

**NORTH DAKOTA COUNSELING ASSOCIATION
2006-07 Guidance and Counseling Graduate Scholarship Program Application**

We are pleased to announce that the North Dakota Counseling Association Scholarship Program is available for the 2006-07 school year. This program has been designed to assist individuals in completing their master's degree in guidance and counseling or other Human Development Programs.

To be eligible for the NDCA Scholarship Program students must meet the following criteria:

- * Be enrolled or enrolling in a graduate program in guidance and counseling or other Human Development program, e.g., school counseling, social work, mental health counseling, college personnel,
- * Be a full-time student enrolled in at least six semester hours of credit applicable toward the counseling or human development degree. Internships are considered full-time;
- * Attend an accredited guidance and counseling or Human Development Program.

All applications should be postmarked by November 19, 2006. Incomplete applications and those postmarked after the deadline will be considered at the Scholarship Committee's discretion.

Recipients of the NDCA Scholarship will be informed in writing after the fall NDCA Board Meeting.

A \$1000 scholarship will be made available to a qualifying student for the 2006-07 school year. If you are selected as a recipient, a check for \$1000 will be forwarded to your program advisor and made out jointly in your name and the college's name. Upon endorsement by both parties, the award will be credited to your account.

Name _____
Address _____
Phone _____ Business Phone _____

Name of College _____
Address _____
Name of College Program Advisor _____ Phone _____

Are you currently enrolled at this institution? Yes _____ No _____
If yes, please complete the following:
Field of Study _____
Number of credits required for course completion _____
Number of credits you have earned towards this degree _____
Name of program advisor _____

Do you have previous graduate level experience? Yes _____ No _____
If yes, please complete the following:

Name of College	Location	Dates Attended	Course of Study	Degree	GPA
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please include official graduate and undergraduate student transcripts with your application.

Please have your program advisor attach a letter of recommendation to this application. Your program advisor must also include in this letter information verifying the graduate program in which you are enrolled and that you will be or are registered for at least six semester hours or for an internship.

Are you a citizen of the US? Yes_____ No_____
If no, are you a legal resident? Yes_____ No_____

Are you currently employed? Yes_____ No_____
If yes, are you employed full-time or part-time?_____

List name, address, and phone number of employer:

Is your employer providing educational funding for you? Yes_____ No_____
If yes, how much?_____

If you are chosen as a recipient of this award, are you willing to attend the NDCA Awards Ceremony in February? Yes_____ No_____

Please give a brief work history covering the past five years. (if necessary, attach a separate sheet to continue.)

Name of Employer Location Position From/To Reason for leaving

ESSAY SECTION

In 250 words or less, explain why you feel a degree in guidance and counseling or a related Human Development area is important and how your life will change once you receive your degree. (Attach a separate sheet(s) with your response. Please type.)

FINANCIAL INFORMATION

(Please note that financial need will be taken into consideration, however, the scholarship will not be awarded solely on a financial need basis.)

How much household income do you anticipate earning in 2006?_____

Do you receive income from other sources? (e.g. social security, veteran's benefits, child support) Yes__ No __

If yes, please list and include dollar amounts:

Do you have any dependents other than spouse and children living in your household? Yes_____ No_____

If yes, please list their ages and relationship to you:

Signature_____

Date_____

AFTER COMPLETING THIS APPLICATION, PLEASE MAIL TO NDCA Scholarship Committee Chairperson:

Kristina M. Long, MSED, LPC
1006 Lincoln Street
Lisbon, ND 58054-4729
Telephone: 701-683 5086 Fax: 701-683-4999

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