



APPLICATION FOR RSA SCHOLARSHIP PROGRAM

Applicant Information

Full Name: _____
Last First M.I. Maiden Name

USF Student ID# _____ Social Security #: _____ Date of Birth: _____

Email Address: _____
USF Email Address Personal Email Address

Current Address: _____
Street Address

City State Zip Code

Permanent Address: _____
Street Address

City State Zip Code

Home Phone: () Cell Phone #: ()

Work Phone: () Alternate #: ()

- Current RMHC Student? YES NO
- Applied to RMHC Program? YES NO
- Accepted to RMHC Program? YES NO

RMHC start date (semester first enrolled in classes Semester/Year): _____

Graduate GPA: _____ Undergraduate GPA: _____



Do you currently receive or plan to receive:

- | | | |
|-----------------------------|---------------------------------|--------------------------------|
| • Financial Aid | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| • GI Bill | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| • Tuition Assistance/Waiver | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

Other Scholarships/Funding (Please explain) :

Relevant Experience (paid/unpaid) :

Scholastic Honors:

References/Alternative Contacts

Full Name: (closest relative) _____ **Relationship:** _____

Email Address: _____ **Phone #:** _____

Alternate Email Address: _____ **Alt. Phone#:** _____

Full Mailing Address: _____

Full Name: _____ **Relationship:** _____

Email Address: _____ **Phone #:** _____

Alternate Email Address: _____ **Alt. Phone#:** _____

Full Mailing Address: _____

Full Name: _____ **Relationship:** _____

Email Address: _____ **Phone #:** _____

Alternate Email Address: _____ **Alt. Phone#:** _____

Full Mailing Address: _____



Disclaimer and Signature

I certify that I am eligible to receive an RSA scholarship and that the information in this application is true and complete to the best of my knowledge. I understand that inaccurate information may affect my ability to receive an RSA scholarship. If this application leads to award/receipt of the scholarship, I understand that false or misleading information in my application or interview may result in my removal from the scholarship program.

Signature: _____ Date: _____

Voluntary Information

This information is **voluntary**. It will not be used when considering you for the RSA Scholar Program.

Racial or Ethnic Group:

- American Indian/Alaskan
- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Other: _____

Sex/Gender:

- Female
- Male

Military Service

- Active
- Veteran
- Disabled Veteran
- Other: _____

Do you have a disability?

- Yes
- No

If yes, please explain:

How did you hear about this scholarship opportunity?

- Email
- Colleague
- Professional Publication
- Graduate Assistant
- Website
- Other _____

**APPLICATION DEADLINE FOR FALL ADMISSION IS:
March 31st**



Last Name:

Date:

Application Submission Instructions:

1. Complete Application
2. Attach Resume
3. Attach Statement of Interest – Describe your career goal and interests and relate them to the purpose of the RSA scholarship (no more than 1 double-spaced page single spaced).
4. Submit application materials to the RSA Program Director c/o: Dr. Tammy Jorgensen Smith at tjsmith@bcs.usf.edu. Email submissions should contain “RSA Scholar Application” in the subject line. Faxed applications may be submitted to 813-974-8080.

Note: This application is only for the RSA Scholar program. Acceptance to the Rehabilitation and Mental Health Counseling Program at the University of South Florida is required prior to admission to the RSA Scholar program.

If you are a person with a disability and need accommodations for completing the application process including alternative formats, please contact the RMHC Program at 813-974-2855 or you may contact the RSA Program Director directly at tjsmith@bcs.usf.edu.

RSA SCHOLARSHIP SUMMARY

The major purpose of the RSA academic scholarship award is to increase the supply of rehabilitation personnel available for employment as rehabilitation counselors in public and private nonprofit agencies involved in the vocational rehabilitation of individuals with disabilities. These scholarships are made available through a federal grant from Rehabilitation Services Administration (RSA), United States Department of Education. In keeping with the priorities established by the Rehabilitation Services Administration, the USF Rehabilitation and Mental Health Counseling (RMHC) graduate program is designed to provide the student competencies in the rehabilitation of adults with complex physical, mental or emotional disabilities and to provide a special relevance to state vocational rehabilitation services and closely related cooperating private agencies and programs. Scholarships are available to graduate students enrolled in the RMHC master’s degree program. Awards are based upon an appropriate match of a person's career objectives in relation to the purpose of the scholarship program. Potential for graduate work as indicated by educational background, work experience, and references is also used in selecting scholarship recipients. Persons receiving a scholarship must:

- document United States residency or citizenship status;
- state an interest in a career in the vocational rehabilitation of individuals with disabilities;
- agree to the requirement to complete an internship in an approved Vocational Rehabilitation agency;



Last Name:

Date:

- agree to the employment obligation described in this summary;
- not be concurrently receiving any other federal, state or local public or voluntary agency educational allowance when that allowance is conditional on a conflicting employment obligation;
- not be in default on a debt to the federal government under a non-procurement transaction;
- not be declared by a judge (under the Anti-Drug Abuse Act of 1988) ineligible to receive federal assistance;
- be a full-time graduate student in the RMHC program;
- maintain a grade point average of 3.0 or above;
- maintain satisfactory progress toward completing the degree requirements; and
- meet program matriculation and retention policies.

A scholarship recipient must be enrolled as a full-time (or equivalent) student. Exceptions for part-time status may be made with the approval of the RSA Program Director. The normal length of time for which the RSA Scholarships is awarded is 2.5 years (where nine credits per semester is considered full-time). All awards are contingent upon receipt of an annual award of an RSA Long-Term Training Grant. Should a grant award be received by USF-RMHC, award levels for individual RSA Scholarships are dependent on the number of qualified applicants, the need demonstrated by these applicants, and the level of funding. Because of an extensive number of qualified applicants and limited financial support, partial scholarships may be awarded at times.

A. State VR Internship Requirement:

The scholar will complete an internship in an approved Vocational Rehabilitation agency as a requirement for this scholarship. The following information outlines the terms and conditions of your employment obligation if you should receive an RSA scholarship.

B. Employment Obligation:

- a. The scholar will obtain and maintain employment -- in a state rehabilitation agency or in a nonprofit rehabilitation agency or related agency, including a professional corporation or professional practice group through which the individual has a service arrangement with the designated state rehabilitation agency -- on a full or part-time basis for a period of not less than the full-time equivalent of two years for each year for which a scholarship is received. The work requirements for portions of an academic year are prorated.
- b. After completion of the training for which the scholarship is awarded, the employment obligation must be met within a period of not more than the sum of the number of years in the period described in item one and two additional years. If the degree is not completed, the student is considered to be in repayment status.



Last Name: _____

Date: _____

- c. The employment obligation as applied to a part-time scholar is based on the accumulated academic years of training for which the scholarship is received.
- d. Until the scholar has been notified that s/he has satisfied the employment obligation described in item one, or has entered repayment status, the scholar will inform the University of South Florida Rehabilitation and Mental Health Counseling program of any change of name, address, or employment status and will document employment satisfying the terms of the agreement.
- e. Subject to the provisions regarding deferral or repayment exception, when the scholar enters repayment status, the amount of the scholarship that has not been retired through eligible employment will constitute –
 - a. a debt owed the United States that will be repaid by the scholar, including interest and costs of collection; and
 - b. may be collected by the Secretary of Education by any means permitted in federal law for the collection of debts, in the case of the scholar's failure to meet the obligation.

C. Deferral/Repayment Exception:

Deferral or repayment exception to the above may be granted, in whole or part, by the Secretary of the Department of Education as follows:

1. Repayment is not required if the scholar –
 - a. is unable to continue the course of study or perform the work obligation because of an impairment that is expected to continue indefinitely or result in death; or
 - b. has died.
2. Repayment of a scholarship may be deferred during the time the scholar is –
 - a. engaging in a full-time course of study at an institution of higher education;
 - b. serving, not in excess of three years, on active duty as a member of the armed services of the United States;
 - c. serving as a volunteer under the Peace Corps Act;
 - d. serving as a full-time volunteer under Title I of the Domestic Volunteer Service Act of 1973;
 - e. temporarily totally disabled, for a period not to exceed three years; or
 - f. unable to secure employment as required by the agreement by reason of the care provided to a disabled spouse for a period not to exceed twelve months.
3. Written application must be made to the Secretary to request a deferral or exception to performance or repayment of a scholarship. Documentation must be provided to substantiate the grounds for deferral or exception.



Last Name: _____

Date: _____

D. Failure to Meet Obligation:

In the event of failure to meet the terms and conditions of a scholarship agreement or to obtain a deferral or exception, the scholar shall repay all or part of the scholarship.

1. Amount: The amount of scholarship to be repaid is proportional to the employment obligation not completed.
2. Interest Rate: The Secretary of Education charges the scholar interest on the unpaid balance owed in accordance with 31 U.S.C. 3717.
3. Interest Accrual:
 - a. Interest on the unpaid balance accrues from the date the scholar is determined to have entered repayment status.
 - b. Any accrued interest is capitalized at the time the scholar's repayment schedule is established.
 - c. No interest is charged for the period of time during which repayment has been deferred.
4. Collection Costs: The Secretary of Education may impose reasonable collection costs.
5. Repayment Status: A scholar enters repayment status on the first day of the first calendar month after the earliest of the following dates, as applicable:
 - a. The date the scholar informs the Secretary he or she does not plan to fulfill the employment obligation under the agreement.
 - b. Any date when the scholar's failure to begin or maintain employment makes it impossible for that individual to complete the employment obligation within the number of years required.
6. Amounts and Frequency of Payment: The scholar shall make payments to the Secretary that cover principal, interest, and collection costs according to a schedule established by the Secretary.

NOTE: Agreement is Subject to Change. Policies, regulations and procedures established by the Rehabilitation Services Administration, governing the scholarship, take precedence. The University of South Florida is not responsible to provide scholarships to students should this Federal funding be withdrawn.

Questions: Please contact the RSA Program Director, Dr. Tammy Jorgensen Smith, at tjsmith@bcs.usf.edu. You may also contact the RMHC department at 813-974-2855.



Last Name: _____

Date: _____

Acknowledgement of Receipt of RSA Scholarship Requirements

I certify that I have received a copy of the RSA Scholarship Requirements and that I understand the requirements. If I am awarded an RSA Scholarship, I understand that I will be subject to its terms and conditions as described in the RSA Scholarship application and in the 1986 and 1992 Amendments to the Rehabilitation Act of 1973 (P.L. 99-506 and P.L. 102-569).

Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Date Application Received: _____ By Whom: _____	
Scholarship Awarded: <input type="checkbox"/> Yes <input type="checkbox"/> No Other (explain): _____	
Start Date (1 st day of semester): _____	
Assigned Project Advisor: _____	
Notes/Status: 	