



Vocational Rehabilitation  
Association of Canada

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www.vracanada.com  
1-888-876-9992

professionalism - expertise - excellence

## 2018 VRA SCHOLARSHIP APPLICATION FORM

Name:

Address:

Telephone:

Email:

Are you a current member of VRA (either student or professional member)?

Yes       No      Membership Number:

Are you currently employed in the field of Vocational Rehabilitation?

Yes       No      Name of Employer:

Name of College / University:

Program of study:

Status:       Full time       Part time

Anticipated completion date of current program of study:

On a separate page, please answer the following question, in 250 words or less:

**Why have you chosen a career in vocational rehabilitation?**

I certify the above information is correct. If I am selected as the recipient, I consent to my name being announced at the 2018 VRA Conference.

Signature:

Date:

Submit this application package to [info@vracanada.com](mailto:info@vracanada.com).

Deadline: **April 30, 2018 11:59pm**