

THE MICHAEL MORRISON VISIONARY SCHOLARSHIP



In May of 2008, the Rehabilitation community lost a dedicated advocate, competent professional and dear friend. **Michael (Mike) Morrison** spent his career and the majority of his professional life working to improve the lives of people with disabilities. In respect to Mike's lifetime of service to the field of vocational rehabilitation and his dedication to people with disabilities, the Ohio Rehabilitation Association (ORA) would like to offer the **MICHAEL MORRISON VISIONARY SCHOLARSHIP**.

This Scholarship is designed to provide support for a rehabilitation professional(s) or student(s) participating in either a ORA training event, e.g., annual conference or a NRA training event, e.g. the Disability Employment Summit or annual conference. For more information visit their respective websites: www.ohiorehab.org and www.nationalrehab.org

IN MIKE'S SPIRIT, THE RECIPIENT(S) OF THIS SCHOLARSHIP WILL NEED TO ARTICULATE WHY THEY ARE REQUESTING THIS SCHOLARSHIP AND HOW ATTENDING THE ORA OR NRA EVENT WILL IMPACT THEM AS A REHAB PROFESSIONAL AND TO BETTER SERVE PEOPLE WITH DISABILITIES. THE RESPONSE MUST BE SUBMITTED IN WRITING (500 WORDS OR LESS IN WORD FORMAT).

AFTER ATTENDING THE EVENT, the selected scholarship recipient(s) will be expected to submit a brief write-up pertaining to their experience which will be published in an ORA e-newsletter and our Commemorative **INTERCHANGE** newsletter.

For more information and/or to submit your application along with the following information, please email: ORA@BEX.NET ~ Attention: Scholarship Committee.
The maximum amount awarded is \$200.00.

MICHAEL MORRISON VISIONARY SCHOLARSHIP APPLICATION

APPLICATION IS FOR THE FOLLOWING EVENT (PLEASE IDENTIFY ON THE SPACE PROVIDED):

- ORA Training Event: _____
- NRA Training Event: _____

BACKGROUND INFORMATION

Name _____ NRA/ORA # _____

Home Cell # _____ Work # _____

Email Address _____

Mailing Address _____

Membership in a professional organization is preferred, please indicate _____

EDUCATION OR EMPLOYMENT INFORMATION

Institution Currently Attending _____

Major _____ Anticipated Graduation Date _____

~ OR ~ Employer _____

I AM SEEKING THE FOLLOWING SPECIFIC EXPENSE AND/OR FINANCIAL SUPPORT FOR:

Registration Fee Other _____ AMOUNT: \$ _____

WHY I AM REQUESTING THIS SCHOLARSHIP: *(attach a separate sheet if necessary)**

**required*