

**Jackson State University  
Rehabilitation Counseling Program  
Program Application**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

PROVIDE TWO NAMES, ADDRESSES AND TELEPHONE THAT YOU CAN ALWAYS BE CONTACTED INCLUDING FOR EMERGENCIES, OTHER THAN YOUR OWN NUMBER.

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

MARTIAL STATUS \_\_\_\_\_

**ACADEMIC HISTORY**

HIGH SCHOOL NAME AND GRADUATION DATE

\_\_\_\_\_

GPA \_\_\_\_\_

BACHELOR DEGREE UNIVERSITY OR COLLEGE NAME

\_\_\_\_\_

BACHELOR DEGREE MAJOR \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

GPA \_\_\_\_\_

OTHER UNIVERSITY OR COLLEGE DEGREES AND DATES COMPLETED

\_\_\_\_\_

DEGREE AND MAJOR \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

GPA \_\_\_\_\_

PLEASE EXPLAIN WHY YOU SELECTED YOUR UNDERGRADUATE MAJOR

---

---

---

DESCRIBE YOUR PERSONAL GOALS AT PRESENT

---

---

---

DESCRIBE ANY SPECIAL HONORS, AWARDS, PROGRAMS,  
SCHOLARSHIPS OR FELLOWSHIPS YOU HAVE HELD OR NOW HOLD

---

---

WHAT TYPE OF FINANCIAL AID WILL OR HAVE YOU COMPLETED  
APPLICATIONS

---

## **WORK HISTORY**

### **I. CURRENT OR MOST RECENT EMPLOYER'S NAME**

\_\_\_\_\_

OCCUPATION OR JOB TITLE \_\_\_\_\_

DATE EMPLOYMENT STARTED \_\_\_\_\_

DATE EMPLOYMENT ENDED \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_

REASONING FOR LEAVING \_\_\_\_\_

### **II. PAST EMPLOYER'S NAME**

\_\_\_\_\_

OCCUPATION OR JOB TITLE \_\_\_\_\_

DATE EMPLOYMENT STARTED \_\_\_\_\_

DATE EMPLOYMENT ENDED \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_

REASONING FOR LEAVING \_\_\_\_\_

**III. PAST EMPLOYER'S NAME**

\_\_\_\_\_

OCCUPATION OR JOB TITLE \_\_\_\_\_

DATE EMPLOYMENT STARTED \_\_\_\_\_

DATE EMPLOYMENT ENDED \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_

REASONING FOR LEAVING \_\_\_\_\_

WRITE A PARAGRAPH INDICATING YOUR CAREER PLANS. STATE ANY  
AREAS OF SPECIAL INTEREST AND ANY SPECIAL SKILLS OR  
COMPETENCIES THAT MAY BE RELEVANT TO THE OCCUPATION OF  
REHABILITATION COUNSELING.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

REVISED 2/4/16