



INTERNATIONAL ASSOCIATION OF
REHABILITATION PROFESSIONALS

ILLINOIS

Application Form

Your Experiential Resume and Essay should be emailed to the Scholarship Chair as a separate attachment from this Application Form.

Applicant's Name:

Address:

Phone Number:

Email Address:

School Attending:

_____ I am a current member of IARP.

_____ I would like to become a member of IARP.

_____ I attest that the information in my resume and essay are true and correct.

_____ I agree to have my name advertised on the IARP Illinois website if awarded the IARP Illinois Student Award.

Student Signature

Date