



AWS Foundation Scholarship Fund Grace College Intense Interventions Program

Coversheet

Application and all required materials due to
Community Foundation of Greater Fort Wayne by 4 p.m. November 15, 2019

Purpose of Scholarship	Application Requirements
<p>To provide financial assistance for licensed special education teachers in Northeast Indiana (Adams, Allen, DeKalb, Elkhart, Fulton, Huntington, Kosciusko, LaGrange, Marshall, Miami, Noble, Steuben, Wabash, Wells and Whitley counties) who are seeking additional special education certifications.</p> <p>Applicants must be a public school special educator in Northeast Indiana who is seeking additional special education certification in intense interventions.</p>	<p>The entire application must be complete and signed. The following items should be attached to the application:</p> <ol style="list-style-type: none"> 1. Coversheet 2. Essay 3. Two letters of recommendation 4. Copy of current special education teaching license 5. Copy of most recent summative teacher evaluation*
	Selection Criteria
	<ul style="list-style-type: none"> <input type="checkbox"/> A currently licensed public special education teacher who teaches in Northeast Indiana <input type="checkbox"/> Must participate in online program to add intense interventions to your existing teaching license. <input type="checkbox"/> Had/has a 2.5 GPA or above in undergraduate studies or current studies <input type="checkbox"/> Two letters of recommendation, at least one from a current supervisor <input type="checkbox"/> Essay with educational and career goals
Application Instructions	
<ol style="list-style-type: none"> 1. Complete each section of this application carefully. Be sure not to leave any areas blank (write N/A if you cannot provide an answer). 2. Include requested materials <u>only</u>. 3. Sign the last page of this application. If you fail to do so, your application may not be considered. <p>*Your summative evaluation should include all final scores for each domain.</p>	

SECTION 1: APPLICANT INFORMATION			
Applicant's Name:	<input type="checkbox"/> Ms.		
	<input type="checkbox"/> Mr.		
	First	Middle	Last
Address			
City, State and Zip			
Home Phone:	Cell Phone:		
E-mail Address:			

Return completed application and all required materials to:

Christine Meek at the Community Foundation of Greater Fort Wayne 555 E. Wayne St., Fort Wayne, IN 46802

SECTION 2: ACADEMIC INFORMATION

List your most current cumulative GPA: _____

Are you currently enrolled in school? Yes No If yes, enrollment date: _____

College/university you plan to attend: _____

City and State: _____

Program of study: _____ Target Completion Date: _____

I will be enrolled: full-time (12+ credits) half-time (6+ credit hours) less than half-time

Total cost of tuition for certificate/degree: _____

Please list educational institutions you have attended. Provide only post-high school information. Begin with the most current information. (*Attach a separate sheet of paper if necessary.*)

Name of Institution:	GPA	Dates Attended (month/year)	Degree/License Granted

SECTION 3: TEACHING HISTORY (Start with most current)

Name of District/School Corporation	School	Title/Position	Date & # of Years

SECTION 4: PROFESSIONAL MEMBERSHIP & COMMITTEE INVOLVEMENT

List any current professional memberships and or committee involvement:

Name of professional organization or committee	Years of involvement & role

SECTION 5: PROFESSIONAL AWARDS OR HONORS

List any professional awards or honors received:

Name of professional award or honor	Date Received

SECTION 6: COMMUNITY ACTIVITIES

List any community activities/organizations you are currently involved in:

Community activity/organization	Position	Start/finish date	Hours per week

SECTION 7: ESSAY

On separate sheets of paper, please submit a **typed** essay addressing the following:

Describe your reasons for returning to school, the course of study you plan to pursue, and how this relates to your career goals.

(Essay must be 1-3 pages, double spaced)

SECTION 8: LETTERS OF RECOMMENDATION

Please attach two signed letters of recommendation from a supervisor and a co-worker that you work closely with. Recommendation letters should describe the applicant’s performance as an educator and commitment to the field of special education. They should also describe the initiative, dependability, and other character qualities of the applicant. Recommendations and comments about the applicant are critical to the selection committee.

Letters of recommendations can be attached to the application in a sealed envelope or emailed to Christine Meek at the Community Foundation of Greater Fort Wayne. The email address is cmEEK@cfgfw.org.

SECTION 9: TEACHER EVALUATION & TEACHING LICENSE

Please provide a copy of your most recent teacher evaluation and a copy of a current teaching license.

Signing below indicates your agreement to the following statement:

I certify that the information on this form is true and complete to the best of my knowledge. If asked by any authorized official of the Community Foundation, I agree to give documentation for information given on this form. I realize that failure to comply with a request for additional information may prevent me from receiving any funding.

Applicant’s signature: _____ Date: _____

All information provided with your application will remain confidential.