



**DUAL ENROLLMENT
EDUCATOR SCHOLARSHIP
APPLICATIONS DUE: MAY 6, 2019**

Applicant Information

Name:

Address:

Phone Number:

Email Address:

School:

Subject(s) Taught:

Questions – Please limit each response to 500 words or less.

- 1. How long have you taught in your current district?**
- 2. If awarded this scholarship, what program of study will you pursue?**
- 3. Which course(s) will you be able to offer for dual credit upon completion of your educational requirements?**
- 4. Which dual enrollment courses are offered currently to students in your school, and how many students in your school currently participate in dual enrollment?**

5. What do you feel will be the overall impact in your school and your community if you are able to teach dual enrollment courses?

6. Where do you see your teaching career taking you in five years? Ten years?

7. From which university do you intend to pursue your Master's degree and/or nine graduate credits? Have you been accepted by the college and program? How many credits, if any, have you already earned toward your Master's degree and/or nine graduate credits?

Financial Information

For the program you will complete to earn your Master's degree and/or nine graduate credits, please complete the following information:

Program Costs (Total)		
Tuition and Fees		
Books		
Supplies		
Other/Miscellaneous (describe below)		
	TOTAL COST:	
Other Sources of Financial Aid		
Assistance from your school district (if any)		
Scholarships/grants awarded (if any)		
Personal contribution (if any)		
All other resources (if any)		
	TOTAL ASSISTANCE:	

University Information

Your Student ID: _____ Student Birth Date: _____

Institution (School Name): _____

To be completed by Financial Aid Administrator, Registrar or similar school official

Federal School Code: _____

Period of student's enrollment: _____ / _____ / _____ to _____ / _____ / _____

Authorizing Official Name (typed or printed): _____
First Name Last Name

Authorizing Official Title: _____

Authorizing Official Signature: _____

Institution's contact and address for receiving scholarship check

Name (printed): _____
First Name Last Name

Title: _____

Address: _____

City State Zip code

Phone Number () - _____