Shelby Eastern Classroom Teachers Association

Scholarship Application Form

Limited to Education Majors

Student's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College or University you plan to attend

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

Your seven semester grade point average \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your class rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ out of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_students

1. Please include a transcript with this application.
2. Provide scholarship evaluation forms to two past or present high school classroom teachers.
3. The application form and teacher evaluation forms should be returned to the high school office by May 1.

Briefly explain your reasons for wishing to study in the field of education and your occupational plans.

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Please list all extra curricular activities in which you have had membership or involvement. Indicate offices and/or leadership roles. (You may attach a separate piece of paper.)

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Please list community service and volunteer activities.

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**Teacher Recommendation**

The following student is asking for your recommendation. Please fill out the following questionnaire with honesty and objectivity. As a very important person in this student's life, we value your opinion highly. Please return the completed form to the high school office by May 1. Thank you for your assistance in this matter.

Student's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use rating system of 1-5, with 1 being the lowest and 5 being the highest.

|  |  |
| --- | --- |
| Student's Leadership |  |
| Concern for others |  |
| Willingness to tackle a tough problem |  |
| Follows a project to completion |  |
| Gets along well with teachers |  |
| Gets along well with classmates |  |
| Willing to take responsibility |  |
| Demonstrates skills necessary for effective teaching |  |

Please write a few sentences recommending this student.

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Date:\_\_\_\_\_\_\_\_\_ Teacher's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_