

**Division of Education
Scholarship Application**



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Local Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Permanent Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

High School

High School: _____

Address: _____
City, County State ZIP Code

Teacher Education

Major: _____ Ret/Grad GPA _____ Current Hours Enrolled _____

Have you been admitted to the Teacher Education Program? _____ Yes _____ No

Do you intend to obtain an advance degree after graduation? _____ Yes _____ No

_____ Part Time Student _____ Full Time Student

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Email: _____

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Email: _____

Activities & Organizations

Please list NWOSU activities, organizations or any hobbies, interest, extra-curricular activities and related volunteer activities.

Financial Need:

Why do you want to TEACH?

References

Full Name: _____

Phone: _____

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____

▶ Attach **unofficial** transcript

Return to the Alva Education Office (EC 205) by February 15.