2015-2016 AASEA MEMORIAL SCHOLARSHIPS

Scholarships are awarded for undergraduate junior, senior, or graduate study in the following fields related to the delivery of services to children with special needs. Consideration will be given for the areas of Intellectual Disability, Speech Therapy, Emotional Disturbance, Specific Learning Disability, Hearing Impaired, Orthopedically Impaired, Visually Impaired/Blind, Special Education Supervision, and Administration or other related fields at the AASEA Scholarship committee’s discretion.

The following forms should be typewritten and mailed with attachments by April 30, 2015 to:

Matt Sewell, Scholarship Chair
AASEA
15 A Eagle St.
Vilonia, AR 72173

Please review the entire packet thoroughly and follow all instructions. If you need additional information, feel free to call Matt Sewell at 501-796-1513.
AASEA MEMORIAL SCHOLARSHIP INFORMATION AND INSTRUCTIONS

SCHOLARSHIP INFORMATION

1. Amount of scholarship - up to five $2000 each
2. This scholarship year will be from June 1, 2015 – May 31, 2016
3. Scholarship may be used for any part of the 2015 – 2016 academic year
4. The recipients from the previous year are not eligible to reapply for scholarship the following year.

METHOD OF SELECTING RECIPIENTS

1. All applications must be postmarked on or before April 30, 2015.
2. Members of the committee will study each application prior to selecting finalists in May, 2015.
3. The Scholarship Committee will interview finalists selected in person in June 2015, in Little Rock.
4. The scholarship recipients will be notified by mail and scholarships will be presented at the AASEA Summer Conference in August 2015 in Little Rock. The recipients are requested to attend.

REQUIRED DOCUMENTATION

Letters of Recommendation

Letters must be attached to the application when it is submitted for consideration.

1. Letters from two professors who have taught the applicant and are qualified to attest to the applicant’s qualifications for undergraduate or graduate study in this chosen field. This letter should evaluate the applicant’s scholarship achievements, character, academic capabilities, and talents.

2. Letters from individuals from two businesses or professionals who are not related to the applicant and are qualified to attest to the applicant’s character, family, background, intellectual ability, and seriousness of purpose.

Attachments

All attachments or any parts of the scholarship and application become the property of the Scholarship Committee and will not be returned.

1. College transcript or transcript of all college work completed must be attached.

2. One recent photograph suitable for newspaper publication (minimum size 2 ½ x 3 ½) must be attached.

INCOMPLETE APPLICATION PACKETS WILL NOT BE CONSIDERED.
ARKANSAS ASSOCIATION OF SPECIAL EDUCATION ADMINISTRATORS

MEMORIAL SCHOLARSHIPS

APPLICATION

NAME IN FULL

Last
First
Middle

PERMANENT HOME ADDRESS

Street

City
State
Zip

CURRENT ADDRESS

Street

City
State
Zip

TELEPHONE ( )

Area Code
Number

CELL ( )

Area Code
Number

E-MAIL


PERSONAL DATA

BIRTHPLACE

City
State

AGE

MARITAL STATUS

NAME AND AGE OF CHILDREN

SPOUSE NAME

OCCUPATION

What employment including military service, have you had since high school? Indicate whether part time or full time

EMPLOYER

TITLE POSITION

TELEPHONE NO.

DATES


EDUCATIONAL DATA – SUMMARY OF ACADEMIC, TECHNICAL OR PROFESSIONAL EDUCATION

HIGH SCHOOL: NAME __________________________ DATE OF GRADUATION ________

COLLEGE:

NAME AND LOCATION OF INSTITUTION DATES ATTENDED DEGREE RECEIVED
(Use * to indicate most recent)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List High School and Collegiate honors, prizes, scholarships, and other special recognition. If a five (5) year period has elapsed since applicant completed undergraduate degree, list current civic, cultural, religious activities, etc.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PROPOSED MAJOR FIELD OF STUDY __________________________

DEGREE YOU WILL OBTAIN __________________________

NAME AND LOCATION OF COLLEGE OR UNIVERSITY TO WHICH YOU HAVE APPLIED

________________________________________________________________________

HAVE YOU BEEN ACCEPTED INTO THIS SCHOOL? ______________ IF NOT, EXPLAIN __________________________

________________________________________________________________________

________________________________________________________________________

SEMESTER/YEAR FOR WHICH YOU ARE APPLYING FOR SUPPORT __________________________

ANTICIPATED NUMBER OF HOURS __________________________

WILL YOU BE ABLE TO EARN YOUR DEGREE WITHIN THE SCHOLARSHIP YEAR? IF NOT, EXPLAIN YOUR PLAN FOR COMPLETING DEGREE.
AUTOBIOGRAPHICAL STATEMENT

This must be prepared by the applicant. Include discussion of intellectual interest in college, general interests and hobbies, reason for choosing profession, and long range plans. Do not exceed 500 words and write in simple direct manner. (Must be in applicant’s handwriting.)
NOTE:  THIS CERTIFICATION MUST BE SIGNED

CERTIFICATION

I certify that information given in this application is complete and accurate to the best of my knowledge. If I accept an AASEA Scholarship, I agree to fulfill the following obligations.

1. If requested, I will meet with the Scholarship Committee for a personal interview.

2. To maintain a high level of scholarship and behavior and to send the Scholarship Committee a transcript of all grades received during the period of this grant.

3. To accept employment in my chosen profession in Arkansas for at least one year following completion of my studies. I will fulfill this obligation the first year possible within three years.

4. To repay the full amount of the grant within three years if this obligation is not fulfilled.

5. To notify the Scholarship Committee immediately of any changes of name and/or address.

I understand my scholarship may not be postponed to another year and it is not transferable.

Date __________________ Signature _________________________________________