

**2009 - 2010**  
**Eastern Michigan University**  
**Teacher Education Scholarship Application**  
**DUE: MARCH 6, 2009**

Please print or type

**SECTION I**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_  
(ADDRESS, STREET, CITY, STATE, ZIP, COUNTY)

LOCAL PHONE \_\_\_\_\_ PERMANENT PHONE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY) (STATE) (ZIP) (COUNTY)

STUDENT ID# \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ RACE \_\_\_\_\_

NAME OF HIGH SCHOOL \_\_\_\_\_ HIGH SCHOOL GRADUATION DATE \_\_\_\_\_

COUNTY OF HIGH SCHOOL \_\_\_\_\_ HIGH SCHOOL GPA \_\_\_\_\_

ARE EITHER OF YOUR PARENTS DECEASED? (CHECK ONE) YES NO

IF SO, WHICH PARENT? \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_

CLASS: (CHECK ONE) FRESHMAN SOPHOMORE JUNIOR SENIOR

POST BACGRAD HOW MANY HOURS DO YOU NEED TO GRADUATE? \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR(S) \_\_\_\_\_

PREFERENCE FOR TEACHING (CHECK ONE)

KINDERGARTEN EARLY ELEMENTARY ELEMENTARY SECONDARY

CREDIT HOURS COMPLETED \_\_\_\_\_ CREDIT HOURS AT EMU \_\_\_\_\_ EMU GPA \_\_\_\_\_ MAJOR

GPA \_\_\_\_\_

(CHECK ONE) FULL TIME PART TIME

ARE YOU A TRANSFER STUDENT? (CHECK ONE) YES NO

IF SO, FROM WHICH SCHOOL? \_\_\_\_\_

**Please attach a personal/professional letter of recommendation.**

**SECTION II**

FINANCIAL RESOURCES TO MEET COLLEGE EXPENSES

STUDENT ASSETS: (PLEASE LIST ALL ASSETS **IF** YOU ARE APPLYING FOR A SCHOLARSHIP BASED ON NEED. If you are not applying for a scholarship based on need you do not need to fill out this page.)

CASH, SAVINGS, CHECKING ACCOUNTS:

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OTHER SOURCES AND AMOUNTS OF FINANCIAL AID:

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**E.M.U. TEACHER EDUCATION  
AUTHORIZATION FORM FOR NEED ANALYSIS  
STATEMENTS IN FINANCIAL AID OFFICE**

In order for the Teacher Education Scholarship Committee to continue processing your application, your authorization is needed for the committee to review the submitted form on record in the Financial Aid Office within the University (if you are applying for a scholarship based on need).

I hereby agree to allow the Teacher Education Scholarship Committee to access and review any forms needed in the financial aid office of the university.

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Please print name)**

\_\_\_\_\_  
**(Date)**

### **SECTION III**

On another sheet, or below, please write a personal statement stating your financial need, academic and vocational aspirations, your perception of your abilities and any other information that would help us decide in your favor.

**BE THOROUGH AND PERSUASIVE.**

**Please return by Friday, March 6, 2009 to: Dr. Mary Bigler, Dept. of  
Teacher Education, 313 Porter, Ypsilanti, MI 48197**

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