

WEST VIRGINIA ASSOCIATION OF RETIRED SCHOOL EMPLOYEES
Student Teacher Scholarship Program
Application

Must be a resident of WV to be eligible

Application Date _____

Name _____ Sex: M ___ F ___ Age: _____

Campus Address _____ Home Address _____

City/Town/Zip _____ City/Town/Zip _____

PLEASE INDICATE ADDRESS YOU WANT CHECK MAILED TO IF YOU ARE CHOSEN AS A RECIPIENT

Telephone Number: _____ Graduate of _____ High School

Parents (Mother) _____ (Father) _____ No of siblings _____

Marital Status: Single ___ Married ___ Spouse's Name _____

Children (names & ages) _____ Age _____

_____ Age _____

Leadership talents or experiences (additional pages may be submitted): _____

Special Honors received (list honors & dates): _____

Present Status

Enrolled in _____ (College or University)

Student Teaching: Scheduled for (date) _____ Expected date of completion _____

School/County of Assignment _____ Supervising Teacher _____

Future Teaching Plans

Do you plan to teach in WV, if a position is offered? Yes ___ No ___ Preferred County _____

Teaching Level: Elementary ___ Middle School ___ High School ___ Subject Area: _____

Field of Certification: _____

Biography – Submit, in your own handwriting on 8 1/2 x 11" paper, a brief autobiography and attach to application.

Photograph Required – Please attach to front of application.

Endorsement by Teacher Education Director

_____ Is recommended by the teacher education staff of _____
(College/University) for consideration for a WVARSE Scholarship.

Comments: (probable success as a teacher, dedication, special traits, financial needs, etc.) _____

Signature _____ Date _____

You MUST also attach at least one letter of recommendation from another teacher or professor.

Mail completed application to: WVARSE Scholarship, Chairperson, 401 Blueville Drive, Grafton, WV 25354-1513

APPLICATION MUST BE POSTMARKED NO LATER THAN JANUARY 6, 2012