

WEST VIRGINIA ASSOCIATION of RETIRED SCHOOL EMPLOYEES

Clinical Experience Scholarship Application

Section 1 Personal Information

Name _____ Sex M ____ F ____ Phone # _____

Mailing Address _____

Graduate of WV _____ High School in _____ County _____

(public)

(year) or a

WV GED equivalency diploma Year _____ Email _____ Marital

Status: Single ____ Married ____ Children yes ____ no ____ ages _____ **Section II**

Talents, Experiences, Special Honors (List on a separate page and limit page size to 8 1/2 x 11) **Section III Present**

Status

Enrolled in _____ College/University/Career Technical School

Clinical Experience scheduled from _____ to _____ Clinical Supervisor is _____

Clinical Experience Assignment is _____

Location of the clinical experience _____ Field(s) of certification or level of
certification _____

Approximate Cost of Experience _____

Section IV Future Plans

Do you plan to work in WV yes ____ no ____ Location _____

Section V Director/Supervisor or Designee Endorsement

(Please comment on probable success, dedication, special traits, and financial needs of the student.)

_____ is recommended for consideration for a WVARSE Scholarship

Signature _____ Position _____ Date _____

Also submit at least one letter of recommendation from another instructor.

Section VI Autobiography, Photograph, and Transcript

Submit an autobiography (2-3 pages) with the application. Limit page size to 8 1/2 x 11 and print on front side only. Please attach the photograph to the front of application. This must be a true photograph because scanned ones do not copy well. Must include current transcript with the application.

Applicant Signature _____ **Date** _____

Mail Application to : Sharon O'Dell Vance, WVARSE Scholarship Chairperson, 3311 Vago Rd., Frankford, WV 24938

APPLICATION MUST BE POSTMARKED NO LATER THAN DECEMBER 14th OF THE CURRENT YEAR