



North Carolina Council of Epsilon Sigma Alpha Scholarship
STUDENT APPLICATION

Applicant must complete and mail of all sections of this application with postmark no later than April 1 to:
Debbie Willoughby 2200 Effingham Cir. Raleigh, N.C. 27615 scholarship-chair@esa-nc.org http://www.esa-nc.org/scholar_board.php

Applicant Name _____

College or university attending during the 20__ - 20__ school year

Location _____

Home Address _____

School Address _____

Home Telephone (area code and number) _____ Email address _____

Telephone number where you may be reached at school (area code and number) _____

Parent/Guardian or Spouse information:

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Spouse's Name _____ Occupation _____

Total Combined Income for year 20__ as reported on 1040 income tax form _____

Other source of funds (include part-time or summer employment, other scholarship or grants and loans)

Major or field of study _____ Minor _____

GPA _____ based on _____ point system after _____ semesters

All information must compare accurately with information given by the financial aid office.

- 1. Write a brief essay stating reasons for entering the field of special education and qualification for this career goal.
2. List any extra curricular activities that are school, community, or church based.
3. If applicable, write a statement of financial need or special circumstance for the Board's consideration.
4. Include one letter of recommendation from a teacher who can substantiate the applicant's qualifications to receive this scholarship.
5. If sponsored by a collegiate or community based Epsilon Sigma Alpha chapter or member, please include a letter of endorsement.

In accepting a scholarship from the North Carolina Council of Epsilon Sigma Alpha Scholarship Board, I agree to attend the above named college or university during the 20__ school year. I agree to teach in the North Carolina Public School System as a teacher of exceptional children (excluding gifted and talented) for a minimum period of one (1) year after graduation. If I fail to honor these stipulations within three years of receiving the scholarship, I agree to return the scholarship award to the North Carolina Council of Epsilon Sigma Alpha Scholarship Board.

Signature _____ Date _____

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North Carolina Council of Epsilon Sigma Alpha Scholarship
STUDENT APPLICATION
FINANCIAL AID STATEMENT

Applicant Name _____

Dear Financial Aid Director,

The above mentioned student hereby grants permission to release a statement of financial need to the North Carolina State Council of Epsilon Sigma Alpha Scholarship Board. The information remains confidential with the Scholarship Board members.

Applicant's Signature _____ Date _____

To be completed by college or university representative.

Name of college or university _____

Location _____

- 1. Tuition costs, including approximate cost of books and fees for school year 20__ to 20__
2. Does this student reside on campus? _____ Cost of room and board for one school year
3. Estimated student earnings from employment during summer and academic year
4. Parent or spouse contribution (Expected Family Contribution) from FAFSA
5. Estimated assistance from other sources (grants, loans, work study, etc.)
6. Total financial assistance needed

Comments or special circumstances

Financial Aid Director's Signature (completing this form) _____ Date _____

Seal or Stamp _____

Please return to applicant in a sealed envelope. Please be aware that applicant must return all forms before April 1.

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North Carolina Council of Epsilon Sigma Alpha Scholarship
TEACHER APPLICATION

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I. PERSONAL INFORMATION

Name _____ Email address _____

Address _____

Home Telephone (area code and number) _____

Home Telephone number (area code and number) _____

Present Occupation _____

Spouse's Name _____ Occupation _____

Number of Children _____ Ages of Children _____ Number of dependents reported on 1040 income tax form _____

Total Combined Income for year 20__ as reported on 1040 income tax form _____

Current Civic or Community Organization Affiliations (Name and number of years)

Four horizontal lines for listing affiliations.

Hobbies and special interests _____

Two horizontal lines for hobbies and interests.

II. PROFESSIONAL INFORMATION

Table with 3 columns: College or University Attended, Years, Degrees or Credits Received. Includes three rows of horizontal lines for data entry.

Specialized Training and Certifications _____

Two horizontal lines for specialized training.

Do you presently have a teaching certificate? _____ What state(s)? _____

Certificate numbers _____ Classes A-G _____ Area _____

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III. EXPERIENCE (LIST MOST RECENT POSITION HELD FIRST)

Years	School and Location	Position/Grade/Subject
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. PERSONAL NARRATIVES

Write a short narrative about your teaching career thus far and your reasons for continuing your education. Include the population with which you are presently working.

State your reason for submitting a scholarship application including any statements of financial need.

V. CONTINUING EDUCATION

College or university you will be attending

_____ **Location** _____

Dates you will be attending _____ **Credit hours/semester** _____

Will you be attending summer school _____ **Dates of summer school** _____

VI. APPROXIMATE COSTS OF CONTINUING EDUCATION

Tuition per semester/session _____

Books and fees _____

Other financial needs (include description) _____

In accepting a scholarship from the North Carolina Council of Epsilon Sigma Alpha Scholarship Board, I agree to attend the above named college or university during the 20 ____ summer session and/or 20 ____ school year. I agree to teach in the North Carolina Public School System as a teacher of exceptional children (excluding gifted and talented) for a minimum period of one (1) year. If I fail to honor either of the above stipulations, I agree to return the scholarship award to the North Carolina State Council of Epsilon Sigma Alpha Scholarship Board.

Signature _____ **Date** _____

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