

SOUTH DAKOTA EDUCATION ASSOCIATION/NEA

2011-2012 Minority Student Teacher/School Counselor Intern Scholarship



APPLICANT INFORMATION			
Last Name	First	M.I.	
CURRENT ADDRESS			
Street Address		Apartment/Unit #	
City	State	ZIP	
PERMANENT ADDRESS			
Street Address		Apartment/Unit #	
City	State	ZIP	
OTHER CONTACT INFORMATION			
Phone		E-mail Address	
Cell Phone		Other	
PERSONAL INFORMATION (TO DETERMINE FINANCIAL NEED)			
Birth date:		Marital Status:	
Number of Dependents:		Yearly Family Income:	
CURRENT EDUCATIONAL STATUS INFORMATION			
College/University you are attending:		Location:	
School you plan to do your student teaching or counselor internship:			
Indicate your present class standing: <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Master's Candidate			
When do you expect to receive your undergraduate degree?		Month:	Year:
When do you expect to receive your graduate degree?		Month:	Year:
ELIGIBILITY QUESTIONS			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you consider yourself an Ethnic Minority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what Ethnic Group?
Are you an enrolled member of a federally recognized American Indian Tribe?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what Tribe?
Are you a student member of SDEA/NEA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, would you like information to join? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
Signature		Date	