

The Watkins/Saunders Family Future Special Educator Scholarship

\$1000.00 Scholarship

A Scholarship with a \$1000.00 value will be awarded to a graduating senior who plans to enroll in the freshman class of an institution of higher learning in any state and plans to major in Special Education or a related field (Speech Pathology, Occupation Therapy, Physical Therapy). First considerations will be given to Special Education Majors.

Scholarship may be used for tuition/fees, room/board and books only. Any funds not used for these purposes must be returned by the college/university to the Saunders Family Future Special Educator fund. Checks will be made payable to the college or university.

Criteria for Scholarship

The following criteria will be given major consideration:

Clarity and force of Applicant's written statement

Evidence of scholarship, work experience, leadership, extracurricular activities, community involvement and volunteer activities

Teacher/mentor recommendations

Deadline for filing application:

All applications must be turned in to the Guidance department by end of day, April 15.

Applicant's Information

Last Name **First Name** **M.I.**

Street Address

City **State** **Zip Code**

Home Phone **Cell Phone** **Date of Birth**

Parent/Guardian Information

Parent/Guardian Name

Parent/Guardian Name

Total Combined Family Income (Check one)

- Less than \$50,000
- \$50,000 - \$100,000
- \$100,000 - above

Educational Information

Intended College/University

Intended Major/ Career Interests

Extra-Curricular/Volunteer Activities (School, Community)

Honors Received

Additional Sources of Financial Aid/ other scholarships applied for

Name of Aid/Scholarship	Amount	Received Y/N	Waiting on Reply

Type Written Personal Statement

In 500 words, discuss what experiences in your life have influenced your decision to pursue a career in the field of Special Education.

Teacher Recommendations

Please submit two letters of recommendation from teachers or a mentor in the special education field you have had or worked with during your time at HHS.

My current GPA is _____ and has been verified by

(school official)

I verify that the information provided in this document is accurate. Further, I understand that I will be disqualified should any information be found false.

Signature of Applicant

Date