

College of Education Academic Scholarship Application

Important: Please check all that are applicable to you:

Please PRINT:

- () Incoming First Year Student
() Transfer Student
() Current ECU Student - If checked, how many hours _____

Name: _____ ECU ID No: _____

Address: _____

City: _____ Home County: _____ State: _____

Zip Code: _____ Email Address: _____

Phone number (on campus): _____ (off campus) _____
Please include area code

Name of High School: _____

Name of College: _____

Honors or Extra-Curricular Activities: _____

What is your current or intended major: _____

Current G.P.A.: _____ Anticipated Graduation Date: _____

In your own words (300 or less per question) please respond to **one (1)** of the following questions:

1. Why did you choose to become an educator?
2. Describe your favorite educator, and why?
3. What traits do you have that will make you an effective educator?

By signing below, I understand and agree to abide by the requirements/terms described in the scholarship criteria, and verify that all information that I have provided is accurate.

Signature

Please return to: Fe'Lisa Wilson, Recruitment and Retention Specialist
Combs 425, 521 Lancaster Ave.
Richmond, KY 40475
felisa.wilson@eku.edu

Please include: Transcripts and one letter of recommendation by March 20, 2009