

<b>For office use only</b>	
<b>Decision:</b>	<b>Date:</b>
<b>Effective semester:</b>	<b>OSEP Code:</b>
<b>Note:</b>	



## ECU Pathways Scholarship Application

### Supporting Special Education, Low-Incidence Disabilities

**PERSONAL INFORMATION**

- Full Name: \_\_\_\_\_ Banner ID#: \_\_\_\_\_  
(Last, First, Middle/Maiden)
- Email address: \_\_\_\_\_ Today's date: \_\_\_\_\_
- Home Address \_\_\_\_\_ (Street, city, state, zip)
- Work Address \_\_\_\_\_ (Workplace name, street, city, state, zip)
- Home Phone (w/area code): \_\_\_\_\_ Work Phone (w/area code): \_\_\_\_\_
- U.S. Citizen or Legal Resident: Yes \_\_\_ No \_\_\_  
*Note: Only U.S. citizens or legal residents are eligible for ECU Pathways scholarship support.*
- Do you qualify for NC in-state tuition? Yes \_\_\_ No \_\_\_ ◦ If not, do you qualify for a military in-state waiver? Yes \_\_\_ No \_\_\_

**EDUCATION**

<u>Current&amp;Previous College(s) or University(ies)</u>	<u>Major</u>	<u>Highest Degree Earned</u>	<u>Overall GPA</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Current acceptance to East Carolina University: \_\_\_/\_\_\_/\_\_\_ to pursue (*circle one*): MAEd - B.S. - Licensure only/non-degree  
(month/day/year)
- The semester you wish to begin receiving scholarship support from ECU Pathways: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
(year) (year)
- The number of semester hours you plan to take each semester if you receive ECU Pathways support: \_\_\_\_\_

*Please note: This scholarship funds a degree in **special education – low-incidence disabilities**. A service obligation is required whereby scholars work with students with IEPs, under age 22, after completion of coursework. If accepted, the service will be outlined in greater detail. Failure to complete coursework or complete required service will result in repayment for all scholarship funds received.*

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**❑ REQUIRED DOCUMENTS TO BE ATTACHED TO APPLICATION**

- \_\_\_\_\_ Transcripts of all undergraduate and graduate coursework (unofficial transcripts accepted)
- \_\_\_\_\_ Copy of driver's license
- \_\_\_\_\_ Copy of all current teaching licenses
- \_\_\_\_\_ Current resume

**❑ WORK EXPERIENCE & GOALS**

If not currently employed or if a full-time student, check here [ ] and go to 'SIGNATURE' section.

If employed, please complete the following:

- Current occupation position/title? \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_
- Current workplace: \_\_\_\_\_
- If teaching,
  - Are you certified in the disability category for the students you teach? (circle one) Yes No
  - Age range served (circle all that apply): Infant - Preschool - Elementary - Middle Grades - High School - Adult
  - Do you hold a teaching license? (circle one) Yes No
  - If yes, in what area(s)? \_\_\_\_\_
  - Do you hold a provisional teaching license? Yes No

**❑ SIGNATURE**

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I understand that I must complete course work toward special education adapted curriculum licensure to receive this scholarship, and that funding is available for this scholarship (subject to US Department of Education grant funding) through 9/30/2012.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**❑ INSTRUCTIONS**

- A. Apply to East Carolina University – you must be accepted before the scholarship application can be processed.
- B. Attach supporting documents to the completed scholarship application form. Incomplete applications will be returned. Each field should be filled, and all required documents attached.
- C. Mail completed application and documents to:

East Carolina University – College of Education  
Department of Curriculum and Instruction  
Special Education Grants/Special Projects Office  
119 Speight Building  
Greenville, NC 27858-4353

Or hand-deliver application and documents to:  
120 Ragsdale Building

For questions pertaining to this scholarship, contact:

Ms. Robin Elks  
Email: [elksr@ecu.edu](mailto:elksr@ecu.edu)  
Phone: 252-328-4247