

School of Education Scholarship Fund Application

for Fall 2004, Spring 2005, Summer 2005

Applicant-- Please check the scholarship you would like to apply for:

- | | |
|--|--|
| <input type="checkbox"/> Margaret M Jones Scholarship | <input type="checkbox"/> Hazel Sechler-Inez Rhoades Education Fund for Practice Teachers |
| <input type="checkbox"/> Stella Vaughn Scholarship | <input type="checkbox"/> Christine Davis Drangmeister Memorial Scholarship |
| <input type="checkbox"/> Don C and Della H Montoya Tutorial Fund | |

If you are interested in applying for the Olive Marlowe Smithson Estate Scholarship, please obtain a separate application at the School of Education Office.

Personal Information

Applicant's Name	Last Name	First Name	
Mailing Address	PO Box or Physical		
City	State	Zip Code	
Daytime Phone Number:	Birthdate	Social Security	Gender

SOE Information

Is Applicant Currently Attending WNMU? Yes No If No, semester/year to enroll: _____

If Attending a University, What Is Your GPA? _____

What is Applicant's Major? Elementary Education Secondary Education Special Education

Applicant will be a: Graduate Undergraduate

Does Applicant Have Teaching Experience? Yes No

If Yes, How Many Years of Teaching Experience Does Applicant Possess? 0-1 1-2 2-3 3-4 5+

Which Campus is Applicant Currently Attending or Planning to Attend?

Silver City Gallup Truth or Consequences Deming

Credit Hours

How Many Credit Hours Does Applicant Anticipate Taking in:

Fall 2004: _____ Spring 2005: _____ Summer 2005: _____

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- | | | |
|---|--|---|
| <input type="checkbox"/> Accepted for MMJ | <input type="checkbox"/> Accepted for CDD | <input type="checkbox"/> Accepted for HS IR |
| <input type="checkbox"/> Accepted for SV | <input type="checkbox"/> Accepted for DC DHM | |

Amount Awarded:

Please provide us with an estimate of your anticipated school-related expenses for the following semesters:

<u>Fall 2004</u>	<u>Spring 2005</u>	<u>Summer 2005</u>
Tuition: _____	Tuition: _____	Tuition: _____
Room Board (If not living at Home) _____	Room Board (If not living at Home) _____	Room Board (If not living at Home) _____
Books: _____	Books: _____	Books: _____
Fees: For: _____ _____	Fees: For: _____ _____	Fees: For: _____ _____
Other: For: _____ Expenses _____	Other: For: _____ Expenses _____	Other: For: _____ Expenses _____
Total: _____	Total: _____	Total: _____

Occupational Information

Applicant's Employer/Occupation: _____

Employer's Address: _____

Will Applicant Continue to Work? Yes No

If applicant has dependents other than spouse, how many will be in each of the following age groups during this coming year?

Ages 0-5: _____ Ages 6-12: _____ Ages 13+: _____

Has applicant ever been disciplined by a student or faculty judicial board for misconduct while attending any institution?

Yes No (If yes, please attach a separate page with explanation)

Last Name: _____ First Name: _____ Social Security: _____

Fall 2004

Income earned from work by applicant:
_____ per semester

Income earned from work by spouse:
_____ per semester

Other taxable income:
_____ per semester

Non-taxable income and benefits:
_____ per semester

Cash, savings, and checking accounts:
_____ per semester

Investments:
_____ per semester

Other Scholarships:
_____ per semester

Financial Aid (Check which Apply):
 Grants Loans
_____ per semester

Parent / Family Contributions:
_____ per semester

_____ TOTAL

Spring 2005

Income earned from work by applicant:
_____ per semester

Income earned from work by spouse:
_____ per semester

Other taxable income:
_____ per semester

Non-taxable income and benefits:
_____ per semester

Cash, savings, and checking accounts:
_____ per semester

Investments:
_____ per semester

Other Scholarships:
_____ per semester

Financial Aid (Check which Apply):
 Grants Loans
_____ per semester

Parent / Family Contributions:
_____ per semester

_____ TOTAL

Summer 2005

Income earned from work by applicant:
_____ per semester

Income earned from work by spouse:
_____ per semester

Other taxable income:
_____ per semester

Non-taxable income and benefits:
_____ per semester

Cash, savings, and checking accounts:
_____ per semester

Investments:
_____ per semester

Other Scholarships:
_____ per semester

Financial Aid (Check which Apply):
 Grants Loans
_____ per semester

Parent / Family Contributions:
_____ per semester

_____ TOTAL

Parent /Family Information – If Parents/Family Contribute:

Mark One: Father Step Father Legal Guardian Other

Name: _____

Mark If: Self Employed Unemployed

Occupation: _____

Employer: _____

Work Telephone: _____

Income Per Year: _____

Parent Information Continued

Mark One:	<input type="checkbox"/> Mother	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other
Name:	_____			
Mark If:	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed		
Occupation:	_____			
Employer:	_____			
Work Telephone:	_____			
Income Per Year:	_____			

ESSAY

Please write a personal essay and attach it to this application. Your essay should include the following information:

- 1) Any past experience in the field of education
- 2) Your educational goals
- 3) Your timeline for completing your degree
- 4) Any special circumstances that demonstrate your need for scholarship assistance

CERTIFICATION AND RELEASE

All information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, I may not get aid. I give permission to send information from this application to the colleges and programs listed herein.

I hereby authorize the Trustees of the New Mexico Institute for Learning and Education to contact and make inquiry of my former employers and work-related associates for the purpose of verifying the information provided herein, and to request and receive documents, records, or other materials in connection with such verification.

Date Application Was Completed: _____

Applicant's Signature: _____

Applicant's Spouse's Signature _____

Parent/Family Signature (If Applicable) _____

Parent/Family Signature (If Applicable) _____

Please bring application to School of Education, Martinez Bldg., Rm.212c, fax it to (505) 538-6552, or mail it to:

School of Education
Western New Mexico University
Attn: Rosemary Grijalva-Arzate
P.O. Box 680
Silver City, NM 88062

Application WITH PERSONAL ESSAY must be delivered to the School of Education by: **Friday, March 5, 2004**