

The Olive Marlowe Smithson Estate Scholarship Fund Application for Fall 2004, Spring 2005, Summer 2005

This scholarship is intended for women who have worked or are currently working in an educational setting. The fund is specifically designed to support women who wish to pursue a degree in education. Preference is given, but not limited, to those who have five or more years of teaching or other educational experience.

Personal Information

Applicant's Name		
	<small>Last Name</small>	<small>First Name</small>
Mailing Address		
	<small>PO Box or Physical</small>	
<small>City</small>	<small>State</small>	<small>Zip Code</small>
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: _____

For OFFICE Use Only

Accepted for OMS

Amount Awarded:

Please list: Any other financial aid, scholarships, grants, or loans that you will be receiving Fall04, Spring 05, or Sum 05.

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.

Applicant's Signature: _____

Date Application Was Completed: _____

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, 2005**