## WHAS Crusade for Children Scholarship Instruction Sheet

#### \*\*\*PLEASE READ CAREFULLY\*\*\*

The Crusade for Children Scholarship is designed to provide partial funding for special education classes for prospective and in-service teachers who provide instruction to children with special needs. The purpose for this money is to defray tuition costs and other fees for badly needed preparation of pre-service and in-service teachers in special education. Up to 10 applicants will receive up to \$1500.00 for tuition costs. The WHAS Crusade for Children Scholarship is available to graduate students enrolled in the College of Education and Human Development pursuing Special Education course work.

Applications will not be accepted <u>prior to</u> the first listed date <u>nor after</u> the last listed date for each of the following semesters:

Application for: Summer 2024

# INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED BY THE WHAS SCHOLARSHIP COMMITTEE! APPLICATIONS DUE BY MIDNIGHT FRIDAY, APRIL 12, 2024

Complete applications must include the following items in the order indicated (asterisked forms are provided with this packet):

### 1. \*An Application for WHAS Crusade for Children Scholarship.

Applicants must be residents of the Commonwealth of Kentucky or Southern Indiana (from which the Crusade funds are donated) and must be committed to working with children with disabilities. Preference will be given to those who are already working with such children, are in need of special education certification, and are pursuing graduate coursework in that area. Married applicants should use their maiden name for middle name wherever required throughout the application.

#### 2. Budget sheet and Brief statement of goals and needs

Address why you are selecting this program in the College of Education and Human Development as a college major and what your ultimate career path will include. Also include any information which does not appear elsewhere on this application which will assist in evaluating your request for a scholarship. If you have a prepared vita or resume, please attach to the completed application.

#### 3. An up-to-date transcript of all graduate coursework

Applicants must submit official transcripts for all graduate coursework completed through the due date for the current application.

NOTE: TRANSCRIPTS SUBMITTED WITH GRADUATE SCHOOL APPLICATIONS OR FOR DEPARTMENT ADVISING PURPOSES ARE NOT ACCESSIBLE TO THE SUBCOMMITTEE. Previous WHAS recipients may submit copies of graduate reports for all coursework completed since first receiving WHAS support in lieu of transcripts.

E-mail completed application packets to:

#### **Dr. Todd Whitney**

Director of WHAS Grant Department of Special Education, Early Childhood, and Prevention Science (SECP)

E-mail: jeremy.whitney@louisville.edu

Refer questions pertaining to the application process to:

#### Dr. Todd Whitney,

Director of WHAS Grant Phone: (502) 852-2156

E-mail: jeremy.whitney@louisville.edu

#### Payment Policy:

Every attempt is made to post WHAS scholarship awards prior to the Bursar's deadline for the payment of tuition each semester. However, if this can not/does not occur, the scholarship recipient is responsible for making the payment in full. Once the award is posted with the Bursar, the recipient will be reimbursed in accordance with the amount of the scholarship.

NOTE: THE PROVISIONS OF THIS SCHOLARSHIP PROGRAM, AS DEFINED BY THE FUNDING AGENCY, THE WHAS CRUSADE FOR CHILDREN, INC., RESTRICT THE USE OF WHAS FUNDS TO TUITION, FULL OR PARTIAL, FOR SPECIAL EDUCATION.

AWARDS WILL BE ANNOUNCED ON FRIDAY, APRIL 19, 2024 The most frequently occurring reason for the rejection of applications is the failure to submit them in a COMPLETE AND ACCURATE form. Be sure that you have complied with the instructions pertaining to all of the elements in the application packet. If you have any questions or concerns about the process, contact Dr. Whitney no later than one week prior to the semester for which you are seeking assistance.

# **Application for WHAS Crusade for Children Scholarship**

		( )			
Social Security Number	Student ID No.	Telephone Number		Semester Year	
Name				/	/
Last Local Address	First	Middle Bi	rth Date MM	DD	YYYY
Street		City	State		Zip
Home Address(If different f	rom local address)	City	State		Zip
E-mail					<del></del>
1. Are you currently admitted to (If "No." you will need to apply	, ,		1	ment? 🗆 Y	es 🗆 No
2. Have you ever received a Wl and b:		nolarship? Yes	No If "Yes," r	espond to it	ems a
a. Institution(s) award	ling the Scholarship:				
b. Number of hours so	apported/partially by WHAS to	o date:			
3. What degree(s) do you hold a	and from what institutions?				
4. List all teaching credentials (	and levels for which they appl	y) that you currently	hold (other tha	ın special ed	lucation).
5. List the areas for which you of "emergency," or "one year prov		cation credentials (in	dicate if "proba	ationary,"	
6. Are you currently receiving a	ny financial aid (e.g., scholars	ships, grants) other th	nan loans? 🗆 Y	es □ No	
7. What is your current occupat	ion? □ Teacher □ Full-time	Student   Other (s	pecify)		
8. Name of Employer					
(If teaching, list name of school that reflects your students.)	system, level at which you te	ach, and, if applicable	e, the disability	category/c	ategories
9. In what area(s) are you seeki Learning and Behavior Disorders Early Childhood/Special Ed. Other Certification (specify)				/Severe Disa ng certificati	
List the courses that you intend awards, if any, will be made o must be approved by the WH from the WHAS Subcommitte Course Dept. Prefix and Number 1. 2. 3. 4. TO BE SUPPLIED BY ADVIS	n the basis of your taking th AS Subcommittee <u>prior</u> to re ee may result in revocation o er Course Title	e listed courses. De egistration. Failure f any award made	viations from to advise and by WHAS.  Semest	he list, if n	ecessary, roval _ _
I have reviewed the applicant's program.	officially filed program and at	test to the relevance	of the above lis	sted courses	to that
Advisor's Name (print)	Δ	dvisor's Signature			

# **Budget Sheet**

## FOLLOW ALL DIRECTIONS PRECISELY

Name		_()				
Last First		Middle	Work	Work Telephone		
Local Address						
Street		City	State	Zip		
Social Security Number		□ Kentuck	y Resident	□ Non-Resident		
Marital Status: ☐ Single ☐ Married ☐ ☐	Divorced	Number of Chi	ldren living at ho	ome		
EXPENSES AND RESOURCES Expenses and r the <u>calendar year</u> that includes the semester/term for pertain only to the applicant and the semester/term resources pertaining to spouse and/or dependents a	or which s covered b	support is being sou by this application.	ight. Semester cos All other items are	ts (items 1 and 2) e to reflect costs and		
SEN	<i>M</i> ESTER	COSTS				
1. Tuition and Fees \$	_					
2. Books and Materials \$	_					
CALENDAR YEAR RI	ESOURC	CES (Report all as	net amounts)			
a. Grants, Loans, Scholarships (other than WHAS)						
b. G.I. Benefits or other government sources not listed in item A.	\$					
c. Your annual net earnings						
d. Your spouse's net earnings	\$					
e. All other resources, regardless of origin, not reported above	\$					

Provide a brief statement addressing why you are selecting this program in the College of Education and Human Development as a college major and what your ultimate career path will include.	
Please include any information which does not appear elsewhere on this application which will ssist in evaluating your request for a scholarship. If you have a prepared vita or resume, please ttach along with application.	
TO THE BEST OF MY KNOWLEDGE, ALL PROVIDED FINANCIAL INFORMATION IS CORRECT	
Signature Date	