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 prior to the first listed date nor after the last listed date for each of the following semesters:

Application for: SUMMER 2023

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED BY THE WHAS SCHOLARSHIP COMMITTEE!
APPLICATION IS DUE BY MIDNIGHT FRIDAY, APRIL 7, 2023

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:
   **Alice Sheffield**
   Administrative Assistant
   Department of Special Education,
   Early Childhood, and Prevention
   Science (SECP)
   E-mail: alice.sheffield@louisville.edu

   Refer questions pertaining to the application process to:
   **Dr. Todd Whitney,**
   Director of WHAS Grant:
   Phone: (502) 852-2156
   E-mail: jerry.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 14, 2023** 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 of the application packet. If you have any questions or concerns about the process, contact Dr. Whitney no later than one week prior to the deadline for 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 Name ____________________________________ First Name ____________________ Middle Name ______

Birth Date MM DD YYYY

Local Address ________________________________________________________________

Street __________________ City ___________ State ______ Zip __________

Home Address ________________________________________________________________

(If different from local address) City ___________ State ______ Zip __________

E-mail ________________________________________________

1. Are you currently admitted to the Graduate School, College of Education and Human Development? ☐ Yes ☐ No (If “No,” you will need to apply and be admitted in order to be eligible for this scholarship.)

2. Have you ever received a WHAS Crusade for Children Scholarship? ☐ Yes ☐ No If “Yes,” respond to items a and b:

   a. Institution(s) awarding the Scholarship: _________________________________

   b. Number of hours supported/partially by WHAS to date: _____________________

3. What degree(s) do you hold and from what institutions?

4. List all teaching credentials (and levels for which they apply) that you currently hold (other than special education).

5. List the areas for which you currently hold any special education credentials (indicate if “probationary,” “emergency,” or “one year provisional”)

6. Are you currently receiving any financial aid (e.g., scholarships, grants) other than loans? ☐ Yes ☐ No

7. What is your current occupation? ☐ Teacher ☐ Full-time Student ☐ Other (specify) ________________________________

8. Name of Employer ______________________________

(If teaching, list name of school system, level at which you teach, and, if applicable, the disability category/categories that reflect your students.)

9. In what area(s) are you seeking certification?

☐ Learning and Behavior Disorders ☐ Speech/Communication Disorders ☐ Moderate/Severe Disabilities

☐ Early Childhood/Special Ed. ☐ Vision Impairments/Blind ☐ Not seeking certification

☐ Other Certification (specify) ________________________________

List the courses that you intend to take during the semester for which you are requesting WHAS support. WHAS awards, if any, will be made on the basis of your taking the listed courses. Deviations from the list, if necessary, must be approved by the WHAS Subcommittee prior to registration. Failure to advise and secure approval from the WHAS Subcommittee may result in revocation of any award made by WHAS.

<table>
<thead>
<tr>
<th>Course Dept. Prefix and Number</th>
<th>Course Title</th>
<th>Semester Hours</th>
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<tbody>
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<td>1. __________________________</td>
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<td>2. __________________________</td>
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<td>4. __________________________</td>
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TO BE SUPPLIED BY ADVISOR:
I have reviewed the applicant’s officially filed program and attest to the relevance of the above listed courses to that program.

Advisor’s Name (print) __________________________ Advisor’s Signature __________________________
Budget Sheet

FOLLOW ALL DIRECTIONS PRECISELY

Name ____________________________ ____________________________ ( ) ____________________________
__________________________ ________________ ____________________________
Last First Middle Work Telephone

Local Address ____________________________ ____________________________
__________________________ ________________ ____________________________ ____________________________
Street City State Zip

Social Security Number _______ - _______ - _______ ☐ Kentucky Resident ☐ Non-Resident

Marital Status: ☐ Single ☐ Married ☐ Divorced Number of Children living at home __________

EXPENSES AND RESOURCES Expenses and resources are to reflect actual/estimated expenditures and income for
the calendar year that includes the semester/term for which support is being sought. Semester costs (items 1 and 2)
pertain only to the applicant and the semester/term covered by this application. All other items are to reflect costs and
resources pertaining to spouse and/or dependents as well as the applicant for the relevant calendar year.

SEMESTER COSTS

1. Tuition and Fees $ _____________

2. Books and Materials $ _____________

CALENDAR YEAR RESOURCES (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 assist in evaluating your request for a scholarship. Please attach your vita or resume along with application.

TO THE BEST OF MY KNOWLEDGE, ALL PROVIDED FINANCIAL INFORMATION IS CORRECT

Signature

Date