

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: **Spring 2025**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED BY
THE WHAS SCHOLARSHIP COMMITTEE!
APPLICATIONS DUE BY
MIDNIGHT **FRIDAY, DECEMBER 6, 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, DECEMBER 13, 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

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Social Security Number	Student ID No.	Telephone Number	Semester Year
Name _____			
Last	First	Middle	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 reflects 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.**

Course Dept. Prefix and Number	Course Title	Semester Hours
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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. If you have a prepared vita or resume, please attach along with application.

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

Signature

Date