APPLICATION EDUCATORS SCHOLARSHIP PROGRAM

Bucknell University Lewisburg, PA 17837

Bucknell ID Numbe	r:			
Applications may be	e completed for a full academic year	ar (June 1 to N	<u>May 31):</u>	
	Summer Session Fall Semester		Number of Courses	
	Spring Semester			
Home address:		Ph		
City, state, zip:		last 4 digit	ts of SSN:	
Address: _			Position Title: Phone #:	
Highest Degree He Conferred By (Nar				
Educational Objec Masters Degree in State Certification Other				
\$	Available from School District: per (Credit) (Course) or			ion Charge
Date CERTIFICATION:		SIGNATURE OF APPLICANT		
agency in the position	the above named applicant is emp on specified. I further certify that t ect in compliance with district pol	he amount of		
Date	Signature of Superintendent or other	ner authorized	official	Title

Scholarship Approval	
Authorized Bucknell Signature	Date

ELIGIBILITY:

Applicants must be teachers or other professionals (counselors, psychologists, supervisors, administrators, etc.) employed in public, private not-for-profit, or parochial elementary or secondary schools or programs and must be enrolled at Bucknell University in an approved program of courses leading to a Master's degree or State certification in an area of specialization. Other educational objectives may be considered but at the discretion of the University.

APPLICATION PROCEDURES:

Applications may be completed for a full academic year (**June 1 to May 31**). Completed applications should be filed with the University one week prior to the start of classes.

Send completed applications to:

Bursar Services Office of Finance Bucknell University Lewisburg, PA 17837 570-577-3733