EC/ELE/MLE Graduate Student Scholarship Application Fall 2016

| Name | E-Number | E-mail _ | |
|--|--|---|---|
| Graduate Degree | Total Grad hours | (as of Fall 2016) | Cum. Grad GPA |
| Undergrad Institution | Undergrad Major | Cum. GPA _ | Certificate Type |
| Local Address | | Local Pho | one |
| Permanent Address: | | Perm. Pho | one |
| | | | |
| Are you over 25 years of age? | | Yes | No |
| Are you completing a Post Bacc program for Teacher Certification? | | Yes | No |
| Are you a full-time student at EIU? | | Yes | No |
| Are you working towards a Master's Degree? | | Yes | No |
| Are you working towards a Certificate in Reading Instruction? | | Yes | No |
| Will you receive financial aid administered through EIU for 2016-2017? | | Yes | No |
| | | | |
| | | | |
| Level Education. The individual mus | ent, working towards certification in or the a non-traditional student (i.e., at less a consideration. You may only receive | ast 25 years old) and en | rolled as a full-time student at Eastern |
| Please attach: a. a typed explanation b. a copy of your under c. any additional document All applicants will be advised Turn in this application to Be on October 21, 2016. | certifies that you meet all criteria for the that details why you should be considered and grad transcripts, if not an ER mentation or information that would add by mail of the Committee's decision in uzzard Hall, Room 2220, or email all meet honored at the Department of EC/ELE | ered for the award U graduate Ivance your case for each in your regard. haterials to elescholarsh | ch specific award. ips@eiu.edu no later than 4:00 p.m. |

Date

Your Signature