

**Application
Stenswick/Benson 2019 Scholarship**

Applicant Name: _____ Date: _____
Home Address: _____
Employing Organization: _____
Home Phone: _____
Work Phone: _____ Fax: _____
Email address: _____
College or University: _____ Currently in approved program? _____
Working toward what degree or license? _____ Area of Minnesota where located _____
Applicant Signature: _____

Applicant Questions

On a separate sheet of paper, please comment on each of the following, and submit to your Special Education Director for his/her comments. The Special Education Director will then submit this to the Scholarship Committee.

1. How would you describe your career goals?
 2. What impact do you believe you can make with this degree and/or license?
 3. How do you intend to enhance opportunities for persons with disabilities?
 4. How will you carry out a long term commitment to the field of special education?
 5. What do you plan to do to further the study and practice of special education?
 6. Describe your leadership experience and potential.
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Name of Director of Special Education: _____
Do you recommend this applicant and why? (Address your relative value for this candidate in your remarks)

How would you predict this candidate to have both a significant impact in this field and the resiliency to continue to contribute over time?

Signature of Director of Special Education: _____

Applications must be submitted by April 5, 2019 to Shannon Erickson, MASE SCHOLARSHIP COMMITTEE, Fergus Falls Area Special Education Cooperative, 518 Friberg Ave, Fergus Falls, MN 56537 or submit electronically to: serickson@fergusotters.org