

2017 EDUCATOR'S SCHOLARSHIP APPLICATION

This application must be postmarked by **April 10, 2017**.



Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Preferred Phone: _____ Email: _____

Name of MACSA Member School _____

Marital Status _____ Number of dependents including self _____

➤ Are there school or other funds available to you for taking graduate work? _____

If so, how much? _____

Briefly explain: _____

EDUCATIONAL BACKGROUND

College or University _____ Graduation Date _____ Degree _____ Area of Concentration _____

How many hours of course work (beyond bachelor's) in education have you completed? _____

➤ List the courses you expect to take:

Do you hold a current certification? (Yes or No) _____

Elementary _____ Secondary _____ In which state (or organization)? _____



What is your present position? _____

EXPERIENCE

➤ List the schools in which you have taught in chronological order.

<u>Name of School</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statement of Purpose: On a separate sheet of paper, write a brief statement regarding your purpose for such study, including the following:

1. Your intent with respect to your future in Christian Education.
2. How the courses you intend to take will enhance your school and Christian Education in general.

Print Name: _____

Applicant Signature: _____ Date: _____

In order to be considered for a scholarship award, the applicant must:

- Fully complete, sign, and date the application.
- Be employed with a MACSA member school.

IMPORTANT: This application must be postmarked **BEFORE April 10, 2017** and mailed to:

MACSA Office, c/o Scholarship Committee, PO Box 2007, Aston, PA 19104

Mid-Atlantic Christian Schools Association, PO Box 2007, Aston, PA 19014-2007
610-364-1801 (voice), 610-364-1809 (fax), www.macsaonline.org

Serving Schools That Serve the Savior