2018 EDUCATOR'S SCHOLARSHIP APPLICATION

This application must be postmarked by April 30, 2018.



Name		Date of Birth				
Address		CityState		Zip		
Preferred Phone:		Email:				
Name of MACSA Men	nber School					
Marital Status	Nu	Number of dependents including self				
> Are there school o	r other funds availabl	e to you for takiı	ng graduate	work?		
If so, how much?						
Briefly explain:						
			_			
EDUCATIONAL BA	CKGROUND					
College or University	<u>Q</u>	Graduation Date	<u>Degree</u>	Area of Co	ncentration	
	arrage arrages (bearing all b		aatian bawa		- 40	
How many hours of co List the courses you		achelors) in edu	cation have	you complete	ea ?	
	, , , , , , , , , , , , , , , , , , , ,					
Do you hold a current	certification? (Yes or	No)				
•	,	,		nization)?		
	Occoridary	condaryIn which state (or organization)?				



EXPERIENCE		
List the schools in which you ha	ave taught in chronological order.	
Name of School	<u>Location</u>	<u>Dates</u>
purpose for such study, including to 1. Your intent with respect to y	separate sheet of paper, write a brief standard befollowing: Your future in Christian Education. If to take will enhance your school and C	5 5
Print Name:Applicant Signature:	D:	 ate:
Applicant Signature.		ale

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 30, 2018** 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