



Kaplan University Graduate Education District Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline September 22

**FOR
SCHOLARSHIP
MANAGEMENT
SERVICES
USE ONLY**

I.D. #	PD	E 1	E 2	GPA	TOTAL

**APPLICANT
DATA**

Last Name _____ First _____ Middle Initial _____

Permanent Home _____

Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Phone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

Email Address _____

I am currently employed by and teach in the following school district:

- | | |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Collier County Public Schools, Naples, FL | <input type="checkbox"/> Howard County Public School System, Elliot City, MD |
| <input type="checkbox"/> Lake County Public Schools, Tampa, FL | <input type="checkbox"/> Kent County Public Schools, Chestertown, MD |
| <input type="checkbox"/> Dorchester County Public Schools, Cambridge, MD | <input type="checkbox"/> Parkway School District, St. Louis, MO |
| <input type="checkbox"/> Frederick County Public Schools, Frederick, MD | <input type="checkbox"/> Pattonville School District, St. Lois, MO |

Please indicate your status. (For statistical purposes only) Male Female

- | | | | |
|--------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian/Pacific Islander | |

**ALTERNATE
CONTACT
INFORMATION**

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to Applicant _____ Day Phone (_____) _____

Email Address _____

**POST-
SECONDARY
SCHOOL
DATA**

Name **all** postsecondary schools you previously attended. **Use official school name. Do not use abbreviations**

School: _____ City _____ State _____

Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____

Full Name on transcript, if different from applicant's current name above _____

School: _____ City _____ State _____

Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____

Full Name on transcript, if different from applicant's current name above _____

- I plan to enroll in:
- Kaplan University's Master of Science in Education
 - Kaplan University's Master of Science in Education in Instructional Technology

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

ACTIVITIES, AWARDS AND HONORS

List school, community service and volunteer activities in which you have participated without pay during the **past four years** (e.g., hospital or hospice volunteer, charity fundraiser, committee member, religious instructor). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

ESSAY

In the space provided, write about what earning a MSE degree from Kaplan University means to you and your students.

(required by all applicants)

ADDITIONAL ESSAY

In the space provided, explain how your students will benefit from the incorporation of technology in the classroom, coursework and assignments.

(required only by MSEIT applicants)

TRANSCRIPT INFORMATION

Applicants must include all college and vocational-technical transcripts of grades from each school attended. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

**Kaplan University Graduate Education District
Scholarship Program**
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline September 22

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____