

2024 FASFEPA INSTRUCTIONAL PERSONNEL SCHOLARSHIP APPLICATION FORM

Return Scholarship Application by February 12, 2024, to the School District's Title I Office

I. Please complete the information requested below:

Last Name:	First Na	ame:	MI:
Street Address:		_	
City:	State:		Zip Code:
Home Phone Number:		Cell Phone Number:	
Home Email Address:		Work Email Address:	
Name of School District:		_	
Name of Title I School OR Federal Progr	am You are Emplo	yed by:	
School/Employment Street Address:			
City:	State:		Zip Code:
Number of Years Employed with Title I/	Federal Program:		
Name of the Accredited College or Univ Attending:	versity Currently E	nrolled/	
College/University Street Address:			
City:	State:		Zip Code:
Major:	GPA:	Grad	uation Date:
List of current organizations you belong	to and/or activition	es that you support outsid	e of the school day:
Honors and awards you have received f	rom your school, e	employer, or community:	
Service to the Community:			

	•	cribing your experience working with under-resourced children, why you ucator, and a description of your financial need. (200 words or less)	
	Two letters of recomme	idation.	
	A copy of a transcript th institution.	at shows the A.A. degree or 60 hours of college credit from an accredited	
	A copy of your most rec	ent college transcript with a declared major, if different from above.	
	Complete Instructional Support Scholarship Routing Form.		
schola	rship award recipient. Ag	ou are willing to have your photo published on the FASFEPA website as a reement or non-agreement is not a criterion to be awarded a scholarship. If hrough email a jpeg or png headshot photo.	
□ I giv	ve permission to FASFEPA	to publish my photo on the FASFEPA website as a scholarship award recipient.	
Applic	ants Signature:		
Princip	oal's Signature:		
Title I	Coordinator's Signature:		

II. Please attach the following required documents. (Incomplete application packets will not be considered.)