

Important: This web form will not work with the Firefox browser. You must use Safari, Chrome, or Internet Explorer.

Some hints to make your application session go quickly and easily...

Be prepared to list your academic and professional accomplishments since coming to the University of Kansas. **The application form will close after 60 minutes** and you will have to start over.

Do not use the forward and back buttons on your browser. This action can expire your session and you will have to start over. You must use the buttons provided at the bottom of each page. You will be able to navigate back to any page before you submit your application.

You must complete the entire application, including essay fields. The Scholarship Committee will not award funds to students with incomplete applications.

The following questions are asked because our donors have designated specific criteria that must be met in order for applicants to be eligible for their scholarships. Responses will be used to match criteria and will never be used to discriminate against any student.

To **preview** the application, download it from the Scholarship website.

Not ready to paste in your required and optional essays? If so, click cancel and return later...

Cancel

Yes, I'm ready to paste in my essays. I want to begin my application.

Begin

Do not use your browser's Back button. You must use the buttons at the bottom of each page.

Please complete the following form. All fields are marked as required (*) unless otherwise stated as optional.

Contact information

First name * MI (opt.) Last name *

KUID *
 Example: 1234567 (Please use your 7-digit ID number)

Address * (Please include apartment number.) City * ST * Zip *

Primary Phone Number
 For phone numbers, please include your area code
For example: (555) 555-5555

Work Phone (opt.)

Required Fields Checklist:

- < You must supply a first name
- < You must supply a last name
- < You must supply a KUID
- < You must supply an address
- < You must supply a city
- < You must supply a state
- < You must supply a zip code
- < You must supply a phone number

To advance you must complete all required fields.

Continue >

Please complete the following form. Required fields are indicated by (*).

Confirm email address

Email Address *

Confirm your Email Address by entering it again *

Required Fields Checklist:

< You must enter a valid email address

To advance you must complete all required fields.

Confirm email

Please complete the following forms thoroughly and thoughtfully. Required fields are indicated by an (*).

Financial Need

I wish to be considered for a financial need-based scholarship. *

Yes No

If yes, please choose one option:

- U.S. Citizen or Eligible Noncitizen (I have completed or will complete a Free Application for Federal Student Aid (FAFSA)).
- International Students (I have completed or will complete an International Student Need Analysis Worksheet (ISNAW)).

(Optional) Please briefly describe any financial circumstances that you would like the committee to take into consideration when evaluating your application. (Example: expenses vs. income, family issues, employment, etc.)

Required Fields Checklist:

< Please indicate if you will need financial aid.

To advance you must complete all required fields.

Please proceed by choosing one...

Graduate

For students who will be in a **Masters, Specialist** or **Doctoral** program during all or part of the 2017-2018 academic year.

Undergraduate

For students who will be in an **undergraduate** program during all or part of the 2017-2018 academic year. **Graduate Licensure Program** students should use this undergraduate application.

Please complete all fields on the form.

Wrong form? [Go to Undergraduate >](#)

Academic Information

In which **department** are you enrolled within the School of Education? *

- C&T - Curriculum and Teaching
- ELPS - Educational Leadership and Policy Studies
- HSES - Health, Sport, and Exercise Sciences
- PRE - Psychology and Research in Education
- SPED - Special Education

What **degree** are you seeking? (select at least one or check Other) *

- Masters degree (MA/MS/MSEd)
- Specialist degree (Ed.S)
- Doctoral degree (Ph.D)
- Doctoral degree (Ed.D)
- Other (please check button)

If Other, please enter below:

Please select your **Graduate Program**: (select one or check Other) *

- | | |
|--|--|
| <input type="radio"/> Autism/Asbergers | <input type="radio"/> Gifted |
| <input type="radio"/> Adaptive | <input type="radio"/> Health Ed |
| <input type="radio"/> Counseling Psych | <input type="radio"/> Higher Ed |
| <input type="radio"/> Curriculum Studies | <input type="radio"/> Language Arts |
| <input type="radio"/> Early Childhood | <input type="radio"/> Literacy |
| <input type="radio"/> Economic Education | <input type="radio"/> Math (Middle) |
| <input type="radio"/> Ed Admin (K-12) | <input type="radio"/> Pedagogy |
| <input type="radio"/> Ed Psych & Rsrch | <input type="radio"/> Policy Studies |
| <input type="radio"/> Educational Tech | <input type="radio"/> Reading Spec. |
| <input type="radio"/> Exercise Science | <input type="radio"/> School Psych |
| <input type="radio"/> Foriegn Language | <input type="radio"/> Science (Middle) |
| <input type="radio"/> Foundations | <input type="radio"/> Sport Mgmt |
| <input type="radio"/> Functional | <input type="radio"/> TESOL |
| | <input type="radio"/> Other program |

If Other, please enter below:

Required Fields Checklist: (1 of 5)

- < You must indicate your Dept
- < You must select your degree or check the Other button
- < You must select a Program or check the Other button
- < You must indicate if your program is fully online
- < You must enter an Advisor's name
- < You must enter who is writing your letter of recommen
- < You must indicate if you take classes at Edwards

To advance you must complete all required fields.

Is your program fully online?

Yes No

Do you currently hold teacher licensure?

Yes No

If yes, for what area(s)?

Are you taking coursework to add additional licensure?

Yes No

If yes, for what area(s)?

Who is your academic **advisor**? *

Who is writing your letter of **recommendation** for this scholarship? *

Will you take any coursework at the **Edwards Campus** Fall 2017 or Spring 2018? *

Yes No

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To advance you must complete all required fields.

Please complete the following information.

Academic Information

Doctoral Students: What is your anticipated date of oral comprehension exam?

Month Year
 (Masters students should check N/A.)

What is your anticipated date of graduation or program completion? *

Month Year

Will you be enrolled in dissertation hours during the 2017-2018 academic year? **You are ineligible for scholarship funds if you have exceeded 18 hours of dissertation credits and no longer need to be enrolled full-time.***

Yes No N/A

What other awards and/or scholarships will you be receiving for the 2017-2018 academic year? Include the source of funding and amount. (Example: Provost Scholarship, \$1500)

By checking this box, I understand that I must submit a Curriculum Vita (CV) or resumé through the SOE Scholarship website in order to be considered for a scholarship. *

Yes, I understand the CV or resume requirement.

Required Fields Checklist: (2 of 5)

- < You must indicate your month of graduation
- < You must indicate your year of graduation
- < You must indicate your dissertation hours
- < You must check the box about submitting a CV.
- < You must indicate if working with children with special needs
- < You must indicate what you expect to do or check Other
- < You must indicate your in-state tuition status
- < You must indicate a Kansas high school or not
- < You must indicate your high school gpa
- < You must indicate your home town population
- < You must indicate if you will be employed
- < You must indicate if you will be GRA or GTA
- < You must indicate if you taught in K-12

To advance you must complete all required fields.

Post Graduate Expectations

When you graduate, are you planning on working with children who have **special needs**? *

Yes No

After you complete your academic program, do you **expect** to: *

- teach in a rural setting
 - teach in a suburban setting
 - teach in an urban setting
 - continue graduate study
 - pursue a faculty position
 - work in my field *
 - other future plan
- * (administrator, counselor, health care provider, etc.)

If Other, please enter below:

Do you qualify for **in-state tuition**? *

Yes No

High School

Did you graduate from a **Kansas high school**? *

Yes No

If yes, which high school?

County?

Year?

Upon graduation was your high school **gpa** a 3.5 or above? *

Yes No

What is the population of your **home town**? *

- Less than 15,000
- 15,000 - 20,000
- 20,000 - 30,000
- Greater than 30,000

Employment

Are you employed for the 2017-2018 academic year?

Yes No

If yes, what is your job title(s) and how many hours a week do you work for pay?

Job Title

Hours / week

For next year will you be a GTA or GRA?

Yes No I intend to be a GRA or GTA

If yes, what will be the percent time of your appointment? Example: .5 FTE

Are you currently teaching or have you previously taught in a K-12 school?

Yes No

If yes, specify school, subject, town, and state in the text box below.

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To advance you must complete all required fields.

Helpful Hints: If you have already prepared your answers on your computer, you can paste them into the text areas provided.

Complete fields thoughtfully even if you are duplicating items from your CV.

Please insert plain, unformatted text only. Text that has been formatted with any special characters such as bold, italics, underlines, bullet points may not format correctly and might appear unreadable to those reviewing your essay.

Essay 1

Briefly explain why you deserve a SOE Scholarship based on your academic and/or extracurricular performance while enrolled at KU.

Essay 2

What is your motivation for pursuing your education degree and how does it relate to your future goals?

Required Fields Checklist: (4 of 5)

- < You must enter something for Essay 1.
- < You must enter something for Essay 2.

To advance you must complete all required fields.

There is one final question to answer before your application can be considered.

Please use your mouse to click on the Next button to advance to the last question.

Statement of Consent (required) *

Responsibility and Accuracy Please read this section carefully and check the box below. The box (below) must be checked in order for your application to be considered complete and therefore eligible for consideration by the Scholarship Committee.

- * **I understand** that my academic work will be reviewed to determine my academic eligibility. I understand that if I am selected to receive a scholarship, my award is contingent upon full acceptance to the School of Education by the Fall 2017 semester.
- * **I understand** that if I am selected to receive a scholarship award through the University of Kansas School of Education, the following will be expected of me as a recipient: write a thank you letter to my donor(s) and attend the annual School of Education Awards Luncheon if my donor attends.
- * **I hereby certify** that the statements herein are true to the best of my knowledge. I understand that the decisions of the scholarship committee related to me will be based on the information I have provided in my scholarship application.
- * **I hereby certify** any award(s) received by me through the School of Education Scholarship Program will be used solely for expenses related to continued full-time enrollment (minimum 12 hours per semester for undergraduate students and 6 hours per semester for graduate students) in the University of Kansas School of Education. I understand if I drop below the minimum hours required for full-time status, I will NOT receive my scholarship.
- * **I understand** that to be considered for a scholarship based on financial need I will need to fill out a FAFSA or ISNAW form.
- * **I understand** that submitting this application does not guarantee I will receive funds.

The University of Kansas is committed to providing programs and activities to all persons, regardless of race, religion, color, disability, national origin, ancestry, sexual orientation, gender identity or expression, marital or parental status, and, to the extent covered by law, age or veteran status.

If you provided your correct email address, you should get a confirmation of your application for your records. We suggest that you keep that copy. Please allow up to 48 business hours to receive the email.

By checking this box, I agree to all the statements above. *

Yes, I agree.

If you have completed your application, you may submit and logout.

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Submit and Log Out

Required Fields Checklist: (5 of 5)

< You must check the I Agree box.

To advance you must complete all required fields.

To advance you must complete all required fields.