

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 the following information.

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

Academic Information

In the **Fall of 2017**, I will be a : *

- Sophomore (30+ hours)
- Junior (60+ hours)
- Senior (90+ hours)
- Graduate Licensure Program (GLP)

Please Indicate your **HSES Undergraduate Majors** *

- Athletic Training
- Community Health
- Exercise Science
- Health and Physical Ed.
- Sport Management

Please Indicate your **C&T Undergraduate Major** *

- Early Childhd Unif.
- Elementary
- English
- Foreign Language
- Mathematics
- Science
- History & Gov't

If Foreign Language **only**, please specify the language here:

Required Fields Checklist: (1 of 6)

- < You must indicate your class
- < You must indicate your Major

To advance you must complete all required fields.

[Previous](#)

[Next](#)

To advance you must complete all required fields.

Please fill out the form, all fields are required.

Academic Information

Teacher Education only: Do you intend to add a ESOL endorsement? *

Yes No

Do you intend to add a special education endorsement? *

Yes No

Who is your academic advisor? *

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

Month Year

Note: Scholarships are NOT available to Spring and Summer 2017 graduates.

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 resumé through the SOE Scholarship website in order to be considered for a scholarship. *

Yes, I understand the resume requirement.

Required Fields Checklist: (2 of 6)

- < You must enter your ESOL intention
- < You must enter your SPED intention
- < You must enter an Advisor's name
- < You must indicate your month of graduation
- < You must indicate your year of graduation
- < You must check the box about submitting a resume.

To advance you must complete all required fields.

Previous

Next

To advance you must complete all required fields.

Please complete the following form.

Post Graduate Expectations

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

Yes No

After you complete your academic program, will 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

If Other, please check the Other bullet above and enter your plans 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

Required Fields Checklist: (3 of 6)

- < You must indicate if working with individuals with special needs
- < You must indicate your post academic plans 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 select your home town population
- < You must indicate if you will be employed
- < You must indicate if you taught swimming

To advance you must complete all required fields.

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

Have you taught swimming and/or water safety?

Yes No

Previous

Next

To advance you must complete all required fields.

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.

Please complete the following information.

Demographics

Gender identity: *

Male Female Other

Other gender identity:

Are you a first generation college student? *

Yes No

Are you married? *

Yes No

For how many children (dependents) are you financially responsible?

None
 1
 2
 3
 4 +

Are you a dependent of an active duty or retired military personnel?

(Retired military means a person honorably retired from the U.S. Armed Forces who is receiving full military retirement benefits. This does not include veterans who separated from the service without qualifying for and receiving full retirement benefits.)

Yes No

What is your racial/ethnic background? Please check all that apply: *

American Indian or Alaskan Native
 Asian or Pacific Islander
 Black (not of Hispanic origin)
 Hispanic
 White (not of Hispanic origin)
 Other (please check this button)

Other racial/ethnic background:

If Native American, are you willing to provide tribal registration documentation?

Yes No N/A

Required Fields Checklist: (4 of 6)

- < You must indicate your gender
- < You must indicate if you are first generation
- < You must indicate your marital status
- < You must indicate if you are a military dependent
- < You must indicate your ethnicity or check the Other button
- < You must indicate your citizenship status

To advance you must complete all required fields.

Are you a: *

- Citizen of the United States
- Eligible non-citizen
- Holder of F1 or F2 student visa
- Holder of J1 or J2 exchange visitor visa
- Holder of G series visa

Previous

Next

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 resume.

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: (5 of 6)

- < 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.

Previous

Submit and Log Out

Required Fields Checklist: (6 of 6)

< You must check the I Agree box.

To advance you must complete all required fields.

To advance you must complete all required fields.