



(PLEASE PRINT)

Name _____

Home Address _____

City _____ State _____ Zip Code _____

School Name and Address _____

School Phone Number _____

Local Education Association _____

District Education Association _____

Home Phone _____ Cell Phone _____

School Email _____

Home Email _____

Please check the ONE scholarship choice being applied for:

- | | |
|--|---|
| <input type="checkbox"/> Rank II (Masters) | <input type="checkbox"/> Rank I (Beyond Master's) |
| <input type="checkbox"/> Classified To the Classroom | <input type="checkbox"/> National Board Certification |

ALL APPLICANTS MUST:

- Be a KEA member
- Provide proof of enrollment in a continuing education program (Appropriate example of proof would be: copy of a transcript, receipt of tuition payment on institution letterhead, current course schedule)
- Provide a one-page typed reflection of: his/her active involvement in the KEA Student Program, local education association, KEA and/or NEA. Letter should also include other scholarships/reimbursements received, and why the applicant is deserving of the scholarship.
- Provide a letter of recommendation by a KEA member addressing applicant's professionalism and active involvement in KEA.
- See all District Education Association details on each KEA District Web site.