

WEST VIRGINIA ASSOCIATION of RETIRED SCHOOL EMPLOYEES
Clinical Experience Scholarship Application

Section 1 Personal Information

Name _____ Sex M _____ F _____ Phone # _____

Mailing Address _____

Graduate of WV _____ High School in _____ County _____
(public) (year)
or a WV GED/TASC equivalency diploma Year _____ Email _____

Marital Status: Single _____ Married _____ Children yes _____ no _____ ages _____

Section II Talents, Experiences, Special Honors (List on a separate page and limit page size to 8 1/2 x 11)

Section III Present Status

Enrolled in _____ College/University/Career Technical School

Clinical Experience is scheduled from _____ to _____ Clinical Supervisor is _____

Clinical Experience Assignment is _____

Location of the clinical experience _____ Field(s) of certification or level
of certification _____

Approximate Cost of Experience _____

Section IV Future Plans

Do you plan to work in WV. yes _____ no _____ Location _____

Section V Director/Supervisor or Designee Endorsement

(Please comment on probable success, dedication, special traits, and financial needs of the student.)

_____ is recommended for consideration for a WVARSE Scholarship

Signature _____ Position _____ Date _____

Also submit at least one letter of recommendation from another instructor.

Section VI Autobiography, Photograph, and Transcript

Submit an autobiography (2-3 pages) with the application. Limit page size to 8 1/2 x 11 and print on one side only. Please attach the photograph to the front of application. This must be a true photograph because scanned ones do not copy well. Must include current transcript with the application.

Applicant Signature _____ **Date** _____

Mail Application to : Sharon O'Dell Vance, WVARSE Scholarship Chairperson, 3311 Vago Rd., Frankford, WV 24938

APPLICATION MUST BE POSTMARKED NO LATER THAN DECEMBER 14th OF THE CURRENT YEAR

