

**WHAS CRUSADE FOR CHILDREN SCHOLARSHIP APPLICATION**

**Mrs. Steva Kaufkins  
Grants Administrator  
College of Education and Behavioral Sciences  
Western Kentucky University  
1906 College Heights Blvd GRH 2014  
Bowling Green, KY 42101**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Work Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

County of residence \_\_\_\_\_

**Please return the completed application  
and typewritten/word processed  
statement of financial need to  
Mrs. Kaufkins at the above address.**

-----  
WKU ID Number \_\_\_\_\_

Current GPA \_\_\_\_\_

Please indicate the number of times you have been a recipient of this scholarship by date and semester. If this is your first application, please indicate.

\_\_\_\_\_

School district where employed:

\_\_\_\_\_

Teaching certificate: \_\_\_\_\_

Type of employment (e.g., LD resource teacher; MSD Teacher (FMD setting), etc.)

\_\_\_\_\_

Previous degree(s) earned:

\_\_\_\_\_

\_\_\_\_\_  
(Degree) (Major) (Institution) (Year degree granted)

Have you been accepted for admission to a program of graduate study at Western Kentucky University?

\_\_\_\_ yes \_\_\_\_ no

Into which program of study have you been accepted?

TCHL/MAE LBD/MSD\_\_\_\_\_ Alternate Route to Certification, MAE LBD\_\_\_\_\_

Who is your advisor at Western Kentucky University? \_\_\_\_\_

Please indicate the course number and title of the course(s) which you intend to take.

\_\_\_\_\_  
(Course Number)

\_\_\_\_\_  
(Course Title)

**The WHAS Crusade for Children requires that a statement of financial need be provided for all applicants who receive a tuition scholarship. Please attach the following documents to this form:**

- **A one page typewritten documentation of your financial need and how your receipt of this tuition waiver will benefit students in the WHAS/WKU service area.**
- **A copy of your TopNet transcript (mark out your name).**
- **Verification of employment (principal/director of special education signature on this form verifies employment)**

***Failure to supply this documentation in the requested format will prevent the application from being considered.***

**Signatures:**

I certify that the information provided is accurate and I understand that providing false information is grounds for denial of a scholarship.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

I recommend \_\_\_\_\_ for a WHAS Crusade for Children Scholarship to pursue a graduate program of study in Special Education at Western Kentucky University. I verify that the applicant is or will be working with children and youth who have disabilities in \_\_\_\_\_ school district/service region.

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**

Please be aware that as a recipient of the WHAS Scholarship, you may be called up for media, public relations information, or to assist with WHAS Crusade for the Children fundraising activities.

I acknowledge that I am willing to participate in any media, publicity or fundraising events, should I receive a WHAS Crusade for the Children scholarship.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date:**