

B.A. Manes Sweden Scholarship 2019 APPLICATION

Scholarship Criteria:

1. The B.A. Manes Sweden Scholarship will be awarded to a Slippery Rock undergraduate student who could not otherwise afford to go on the annual departmental trip to Sweden. The recipient will be either an undergraduate Elementary/Early Childhood Education major or an undergraduate Elementary/Early Childhood/Special Education dual major.
2. One spot will be reserved for the scholarship winner. Because this is only open to those who cannot afford to go otherwise, scholarship applicants **MUST NOT** submit a trip application prior to receiving a favorable scholarship response.
3. Past recipients are not eligible to re-apply.

Award Amount: \$2200.

Application Process:

Candidates will submit the following by Noon on Friday, October 12th to:

Dr. Linda Zane, Associate Professor of Early Childhood Education
203 McKay Education Building
724.738.2296

1. B.A. Manes Sweden Scholarship Application

B.A. Manes Sweden Scholarship APPLICATION

PERSONAL

Name:	First	Middle	Last
Address:	Street Address		
	City	State	Zip
Cell Phone Number: () _____			
Home Phone Number: () _____		E-mail Address: _____	

EDUCATION

	Major/Course of Study & Minor(s), if applicable	GPA	Clubs/Organizations	Anticipated Graduation Date
Slippery Rock University				

Answer the following questions, and add additional page(s) if necessary.

Please describe your involvement with the education department and your goals for the trip to Sweden:

Why would you be the ideal recipient of this award? Please include any information related to your ability to cover the costs of the trip:

Please list additional information the committee should consider that would aid in our choice of the best candidate (*exclude any that would indicate sex, race, religion, national origin, age, color, disability or other protected status*):

SIGNATURE

I have answered all questions to the best of my ability. Information on this Scholarship Application is accurate to the best of my knowledge.

I give Slippery Rock University and the Scholarship Selection Committee and SRU Foundation permission to use information contained in my academic records and on my financial aid application during the review of my eligibility for this scholarship. I understand that additional information may be requested from me for this application process.

Applicant's Signature

Date