

2020-2021 T. H. Bell Teaching Scholarship

STUDENT APPLICATION

The application is due on or before 5:00 p.m., on the day the deadline. An original application form must be submitted with original signatures; no faxes, copies, or downloads will be accepted. Mail to the address listed below or bring into the scholarship office.

**Snow College
Box 1005
150 East College Ave
Attn: Scholarship Office
Ephraim, UT 84627**

Please complete all parts of the application.

Part 1: Applicant Information Please fill in the interactive sections on this form, then print to sign and submit. If you are unable to complete the application electronically, please print a blank copy and complete. Incomplete applications will not be accepted.

Last Name	First Name	Middle Name	
	Date of Birth	Sex	
Mailing Address	City	State	Zip
Email			
Phone #	Graduation Date	Name of Parent or Guardian	
Ethnic Background (optional but recommended) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____			
First-Generation College Student (optional but recommended) Will you be the first member of your family to attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No			
High School	School District		

Part 2: Academic Information

ACT/SAT Score Composite/Total Score _____	Date Taken
CUM GPA (Grades 9-12)	

Part 3: Declaration of Teaching Area*

<input type="checkbox"/> Elementary (K-6)	<input type="checkbox"/> Early Childhood (K-3)	<input type="checkbox"/> Career and Technical Education	Specify Subject Area: _____
<input type="checkbox"/> Secondary (6-12)		Specify Subject Area: _____	
<input type="checkbox"/> Pre-School Special Education: Birth – Age 5		Specify Area: <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired	
<input type="checkbox"/> Special Education		Specify Area : <input type="checkbox"/> Mild/Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired	
<input type="checkbox"/> Other** _____			

*Please note if you declare a shortage area as the area you are planning to teach and thus receive extra points, then later change to pursue a teaching area that is not in a shortage category, you may become ineligible for future funds.

*Upon completion of your certificate you are expected to teach in a public Utah School.

Part 4: Teaching-Related Experience

Please **list** any service you have done related to education and any teaching experience that you have had.

Part 5: Personal Statement

Please attach a paragraph stating your education plans as far as intended college and university programs. Also include your plans after receiving your teaching certificate.

Signature of Applicant: _____

Date: _____