LIPSCOMB UNIVERSITY

# Graduate Studies in Education

## In-Service Scholarship Application

Social Security Number ___ ___ ___ Lipscomb ID L ___ ___ ___ ___ ___ ___ ___ ___

Name ___ (Last) ___ (Suffix (Jr., III, etc.))

___ (First) ___ (Middle)

Address ___ (Street Number and Name) ___ (Apt./P.O. Box Number)

___ (City) ___ (County)

___ (State) ___ (Zip Code) ___ (Area Code) ___ (Home Telephone) ___ (Area Code) ___ (Work Telephone)

PROGRAM: ❒ M.A.A.S. ❒ M.A.L.T. ❒ M.A.S.E. ❒ M.A.T.E.L.L. ❒ M.Ed. ❒ Ed. S.

**Lipscomb University is pleased to provide an In-Service Scholarship effective June of 2002**

## Stipulations:

1. The program provides an "In-Service Scholarship" to currently employed full-time teachers and/or administrators who enroll in the on-campus Graduate Education Program.

2. The In-Service Scholarship provided by the university will reduce the graduate tuition charge by 26%.

3. The student may not combine the In-Service Scholarship and the Christian School discount.

4. An appropriate school employment official must certify that the conditions for the scholarship have been met.

## Application:

The employment status of the student must satisfy one of the following categories to be eligible for the scholarship.

_____ I am currently employed as a full-time teacher and/or administrator at _____ school.

_____ I will be employed as a full-time teacher and/or administrator at _____ school beginning in the 20___ -___ academic year. A commitment of employment has been signed.

Signature of individual applying for scholarship: _____

Social Security Number: _____

## Certifying School Official:

As an official of _____ school system with power to employ teachers and/or administrators, I do with my signature below certify that _____ is currently employed full-time or will be employed full-time as a teacher or administrator for the academic year 20___ -___.

Signature of official: _____ Date: _____

Printed name and position: _____