AUDREY ERSKINE Scholarship Award

Administered by the Mid-Minnesota United Board of Governance
451 East St. Germain St, Suite 400, St. Cloud, MN 56304
(320) 252-6664 | Fax (320) 252-5068

2015 Application

Nature and Purpose of the Award

This award is in honor and memory of Audrey Erskine, a long time advocate for teachers and education. It will provide a lasting remembrance while also investing in the future excellence of education. With this scholarship, an individual dedicated to becoming an outstanding classroom teacher will be recognized.

Mid-Minnesota United is offering a scholarship in the amount of $350 to $500. The number of and amount of the scholarship(s) is contingent upon the availability of funds. The recipient of the scholarship award will be selected from juniors and seniors enrolled in a college or university, which prepares students for a teaching career at the preschool, elementary, or secondary level in Minnesota. The award is to be used at any accredited four-year college or university, and is to be applied toward tuition, lodging, books, or any other necessary educational expense.

Qualifications

The Audrey Erskine Scholarship Award Committee will seek to evaluate the following applicant qualifications: (1) work habits; (2) character and personality; (3) leadership; (4) a sincerity of intention to teach; and, (5) membership in the Education Minnesota Student Program (EMSP) is preferred. To verify if you are a member of EMSP, visit https://ims.nea.org/HowToJoin/checkForMembership.do?sea=mn. To apply for an EMSP membership, visit https://ims.nea.org/HowToJoin/stateStudent.do?mbrType=STUDENT&sea=m. EMSP membership will be verified before scholarships are awarded.

Application and Selection Procedures

The completed application must be submitted to the Audrey Erskine Scholarship Award Committee **by June 1, 2015.** The name of the award recipient will be announced by September 30, 2015. Applicants not selected will only be informed in writing of the results of their applications if a self-addressed, postage-paid envelope is enclosed with their application.

Application for Audrey Erskine Scholarship Award

Send the completed application to monica.sturm@edmn.org or mail to:

Audrey Erskine Scholarship Award Committee
Mid-Minnesota United
451 East St. Germain St, Suite 400
St. Cloud, MN 56304
Fax: (320) 252-5068

Audrey Erskine Scholarship Award

2015 APPLICATION

PRINT IN INK OR TYPE

Applicant's Name: Last _____ First _____ Middle _____

Contact Street Address _____ City _____ State _____ Zip _____

Contact Email Address _____ Contact Phone No. (____) _____ SSN (last 4 digits) _____

Name of Parents or Guardians _____ Telephone No. (____) _____

Address (if different from above) _____ City _____ State _____ Zip _____

High School from Which You Graduated _____

Address _____

City _____

State and Zip _____

Name of College/University _____

Address _____

City _____

State and Zip _____

Name of Local Newspaper (for publicity purposes) _____

Address _____

City _____

State and Zip _____

Name of College/University Newspaper _____

Address _____

City _____

State and Zip _____

REQUIREMENTS FOR SCHOLARSHIP (initial all that apply)

_____ Yes, I am currently a member of EMSP (Education Minnesota Student Program).
To verify if you are a member of EMSP, visit https://ims.nea.org/HowToJoin/checkForMembership.do?sea=mn. To apply for EMSP membership, visit https://ims.nea.org/HowToJoin/stateStudent.do?mbrType=STUDENT&sea=m. EMSP membership will be verified before scholarships are awarded.

_____ Yes, I am currently a college junior/senior.

_____ Yes, I am pursuing a course of study in order to become a teacher at the preschool, elementary or secondary level.

My major field of study is _____ with an emphasis/minor in _____.

_____ I have not previously completed a teacher licensure program.

_____ Yes, I have attached a copy of all my post secondary transcripts to this application, or I have requested copies be sent to the Mid-Minnesota United office.

List your employment record:

Place of Employment _____ Dates of Employment _____

Nature of Work _____ Approximate Hours/Week _____

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List educational experiences as a result of course work in college classes. (Examples: student-teaching, clinical field experiences, classroom observations, etc.)

- Four completed recommendation forms (copies attached) must be submitted. They should be completed by Student-Teaching Supervisors, College Professors, Classroom-Teaching Supervisors, and/or Department Heads. These may be submitted with your application form or mailed directly to Mid-Minnesota United (to preserve confidentiality).
- Attach a copy of your college transcript.
- Prepare a *brief* typewritten statement (300-500 words) on your commitment to education; what you feel is important about teaching. What is significant about education in today's world? Describe an experience that helped you decide to become a teacher.

Signature _____ Date _____

Audrey Erskine Scholarship Award

RECOMMENDATION FORM

Applicant's Name: Last First Middle

PERSONALITY CHARACTERISTICS and RECOMMENDATIONS

This form is to be completed by a Department Head, Classroom Teaching Supervisor, College Professor, and/or Student-Teacher Supervisor. This completed form (front and back*)* must accompany the student's application or be sent directly to:

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Mid-Minnesota United
451 East St. Germain St, Suite 400
St. Cloud, MN 56304
Fax: (320) 252-5068

Please be sure to complete this form and give it to the applicant or send it to the above address by the deadline date of June 1, 2015. *Failure to do so in a timely manner could disqualify the applicant*. Note: Forms mailed or faxed directly to Mid-Minnesota United by the person completing the form will not be shared with the student.

Rate the personal characteristics of the applicant by circling the appropriate response. This information will be treated in a confidential and professional manner.

COOPERATION Consider the applicant's willingness to work with people in various capacities, loyalty.	**STRONG**	**AVERAGE**	**WEAK**
EMOTIONS Consider the applicant's ability to control self in stressful situations.	**STRONG**	**AVERAGE**	**WEAK**
INITIATIVE, INDUSTRY Consider the applicant's ability to see things to do, resourcefulness, assertiveness.	**STRONG**	**AVERAGE**	**WEAK**
JUDGMENT AND COMMONSENSE Consider the applicant's ability and foresight in decisions in everyday situations.	**STRONG**	**AVERAGE**	**WEAK**
LEADERSHIP The applicant exhibits leadership characteristics.	**STRONG**	**AVERAGE**	**WEAK**
PERSONALITY Consider the applicant's mannerisms, appearance, and general impression on others.	**STRONG**	**AVERAGE**	**WEAK**
RELIABILITY Consider the applicant's dependability, willingness, honesty.	**STRONG**	**AVERAGE**	**WEAK**

What qualities do you feel this candidate has that will make an outstanding classroom teacher?

Signature and Title of School Official

Date

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