**SOUTHEASTERN LOUISIANA UNIVERSITY**

**Dr. Patsy M. Causey Alternate Certification Scholarship Application**

**College of Education**

CRITERIA TO APPLY:

* Must hold a bachelor’s or master’s degree from an accredited institution.
* Must be actively enrolled in the Certification-Only Alternate Program (COA) or the Master’s Alternate Certification Program (MAT).
* Must be enrolled for a minimum of six (6) credit hours in the Alternate Certification Program at Southeastern (COA) or (MAT) unless teaching full-time or if less than 6 hours is required to complete the program.
* Must maintain a minimum overall GPA of 2.5; a GPA of 2.75 is preferred.
* Must complete an application for the Alternate Certification Scholarship.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_

Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bachelor’s Degree from (Institution): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_GPA: \_\_\_\_\_\_\_

Master’s Degree from (Institution): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_

Alternate Certification Program Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_ Certification Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? (circle one) YES NO

If yes, where are your employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently receiving financial aid, such as a fee waiver and/or scholarship funding, etc.?

(circle one) YES NO

If yes, please list types of aid you are receiving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Special Financial Circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit COMPLETED application to: College of Education at** [collegeofeducation@southeastern.edu](file:///\\SpecialShares.ad.southeastern.edu\SpecialShares\CED%20Deans%20Office%20Share\BRENDA%20FILES\SCHOLARSHIPS\PATSY%20M.%20CAUSEY%20SCHOLARSHIP\collegeofeducation@southeastern.edu) **or mail completed application to: Dean, College of Education, SLU 10671, Hammond, Louisiana, 70402**

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Southeastern Louisiana University

College of Education, Dean’s Office

SLU 10671

Hammond, LA 70402

Cate Teacher Education Center

Room 1018

985/549-2311

11-02-2022