**2020 ASPIRING EDUCATOR GRANT APPLICATION**

ALPHA STATE TEXAS EDUCATIONAL FOUNDATION (ASTEF)

**Grant Year: June 1, 2020 through May 31, 2021**

**IMPORTANT NOTICE**

Review and follow the **Aspiring Educator Grant Guidelines**. Applications that are incomplete, missing the required letters of recommendation and/or transcripts, or that are postmarked (electronically or postal service) after March 1, 2020, **will not be considered**. **Proofread your application carefully before submitting**.

|  |
| --- |
| **Grant applied for** – select one: 3-hour 6-hour Alternative Teacher Certification |

**Personal Data**

Have you previously received an **Aspiring Educator Grant**? Yes No If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Maiden

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or Box Number City Zip

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell

Current Employer (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a DKG **collegiate member**? Yes No

If yes, date of induction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and Location of Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goals/Purpose of Study (Limit your responses to the space provided.)**

What inspired you to pursue a career in teaching?

|  |
| --- |
| How do you plan to achieve your goal to become a teacher? Please be as specific as possible. |

**Goals/Purpose of Study (continued)**

Upon completion of your teacher certification, where do you aspire to teach? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what grade level(s) and/or subject(s) do you aspire to teach? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the table below, provide the colleges/universities **where you plan to pursue your studies**, the location(s), and projected dates of enrollment. Attach a copy of your Degree/Certification Plan (if available).

|  |  |  |  |
| --- | --- | --- | --- |
| College/University |  |  |  |
| Location |  |  |  |
| Dates of Enrollment |  |  |  |

In what month and year do you expect to complete your bachelor’s degree and/or teacher certification? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background** (Attach a transcript for each of the below. Unofficial transcripts are acceptable.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name of Institution** | **Location** | **Dates Attended** | **Graduated Y/N** | **College Hours Received** |
| High School |  |  |  |  |  |
| College/University |  |  |  |  |  |
| College/University |  |  |  |  |  |
| Current Program |  |  |  | N/A |  |

**By typing your name below, you are certifying you have read the *Aspiring Educator Grant Guidelines* and that the information provided is true and correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Applicant:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Sponsoring Texas DKG Member:** |  | **Chapter Name:** |  |
| **Personal E-mail:** |  | **Texas DKG Area No.:** |  |
| **Telephone:** |  | **Date:** |  |

Submit **complete application package, including the application, letters of recommendation, transcripts, degree/certification plan** (if applicable), **and proof of acceptance to an alternative teacher certification program**, if applicable, electronically (preferably) to  
 [aspiringedu@astef.org](mailto:aspiringedu@astef.org)

Or by mail to: Cindy Neander

3004 High Chaparral Drive

Flower Mound, Texas. 75022

**All application materials must be submitted/postmarked by March 1, 2020**