



2022 ASPIRING EDUCATOR GRANT APPLICATION

ALPHA STATE TEXAS EDUCATIONAL FOUNDATION (ASTEF)

Grant Year: June 1, 2022 through May 31, 2023

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, 2022, **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 Home Cell Personal Email

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?

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:	
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Name of Sponsoring Texas DKG Member:		Chapter Name:	
Personal E-mail:		Texas DKG Area:	
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:
programs.astef@gmail.com

Or by mail to: Janet Helmcamp
 107 Creekview Dr.
 Godley, TX 76044

All application materials must be submitted/postmarked by March 1, 2022