

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

Or by mail to: Cindy Neander
3004 High Chaparral Drive
Flower Mound, Texas 75022

All application materials must be submitted/postmarked by March 1, 2021