

CAMPBELLVILLE UNIVERSITY
SCHOOL OF EDUCATION
MINORITY TEACHER EDUCATION SCHOLARSHIP APPLICATION

CU ID # _____

Name _____ Date ____/____/____
Last First MI Maiden

Gender: M F DOB ____/____/____ UPO Box _____ Zip _____

Permanent Address: Street _____ City _____ State _____

Telephone _____ Cell # _____ Campus/Local # _____

CU Email _____@students.campbellsville.edu Alt Email _____

Circle level of Certification:

IECE P-5 5-9 5-12 8-12 P-12 IECE/P5 LBD/P5 LBD

Classification: Freshman Sophomore Junior Senior

Projected Date of Graduation ____/____

Please tell us how you could benefit from this scholarship.

Renewal:

1st renewal (second year) - 2.8 GPA

2nd renewal (third year) – Admitted to a Teacher Education Program (CAP 2) and minimum GPA 2.75.

3rd renewal (fourth year) – Continue to Meet Teacher Education Program requirements.

Signed: _____

Date: ____/____/____



Please return to Dr. Jeffrey Herron
Email: jdheron@campbellsville.edu
Deadline is August 1, 2021