



SCHOLARSHIP APPLICATION FORM

WILLIAM E. WILSON SCHOLARSHIP

DATE: _____

FULL NAME: _____ PREFERRED FIRST NAME: _____

DATE OF BIRTH: _____ PHONE: _____ EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CURRENT TEACHING POSITION: _____

SUPERVISOR: _____ PHONE: _____ EMAIL: _____

FORMER TEACHING POSITION 1: _____

SUPERVISOR: _____ PHONE: _____ EMAIL: _____

FORMER TEACHING POSITION 2: _____

SUPERVISOR: _____ PHONE: _____ EMAIL: _____

FORMER TEACHING POSITION 2: _____

SUPERVISOR: _____ PHONE: _____ EMAIL: _____

I HAVE ATTENDED THE FOLLOWING COLLEGES OR UNIVERSITIES:

<u>INSTITUTION</u>	<u>DATES ATTENDED</u>	<u>DEGREE(S) OR COURSE OF STUDY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HAVE INCLUDED AS A SINGLE, MULTI-PAGE PDF ATTACHMENT:

- Application Form
- Personal letter outlining plans and objectives
- A complete resume
- Two (2) letters of recommendation

CANDIDATES MUST MEET THESE QUALIFICATIONS TO BE ELIGIBLE FOR THIS AWARD:

- You must be a legal resident of a state in the SETC region (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Virginia or West Virginia).
- You must have at least one year of experience as a full-time teacher and director of theatre in a secondary school in the SETC region.
- The award recipient must enroll in an accredited graduate program within the SETC region and within one year of being selected for the scholarship.

By signing below, I acknowledge that I am applying for the SETC sponsored scholarships as noted and certify that I meet the requirements of the award.

SIGNATURE

DATE

Send this completed Application Form along with any supporting materials in a single, multi-page PDF file to info@setc.org (either as an email attachment or via a file sharing service) by the deadline published online at www.setc.org/wilson.