

## Graduate Studies in Education

### In-service or Alumni Scholarship Application (The student may not combine the In-Service Scholarship and the Alumni Scholarship.)

PROGRAM: Choose one:  MEd Instr Prac  MEd TLL  MEd SPED  MEd ELL  MEd Ed Lead  MEd Math  MEd Reading Specialty  MEd Tech  
 ELL endorsement  Reading Specialty endorsement  ALP  TLP

Social Security Number: \_\_\_\_\_ Lipscomb ID: L \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Number and Street Name Apt./P.O. Box Number

\_\_\_\_\_ City County

\_\_\_\_\_ State Zip Code Home Telephone Work Telephone

## In-service Scholarship

### Stipulations:

1. The program provides an In-Service Scholarship to teachers, teacher assistants, and/or administrators who enroll in a **master's** level graduate education program and who are currently employed full-time in a public school/school system; in a Category 1, 2, or 3 non-public school recognized by the Tennessee Department of Education; or in an educational capacity in a regionally accredited institution of higher education.
2. The In-Service Scholarship provided by the university will reduce the graduate tuition charge by 26%.
3. If a student must leave full-time employment with a school/school system/institution for any reason including in order to student teach, the student will no longer qualify for the scholarship.
4. An appropriate school employment official must certify that the conditions for the scholarship have been met.
5. The applicant agrees to notify the Lipscomb College of Education of any change in his/her employment status.

### Applicant:

\_\_\_\_\_ I am currently employed full-time at \_\_\_\_\_  
in a position that meets the stipulated requirements.

\_\_\_\_\_ I will be employed full-time at \_\_\_\_\_ during  
the 20\_\_-20\_\_ academic year in a position that meets the stipulated requirements. A commitment of employment has been signed.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of scholarship applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

### Certifying School Official:

As an official of \_\_\_\_\_ school/school system with power to employ teachers, teacher assistants, administrators and educational professionals, I do with my signature below certify that \_\_\_\_\_ is currently employed full-time or will be employed full-time for the academic year 20\_\_-20\_\_ in a position that meets the stipulated requirements.

Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and position of official: \_\_\_\_\_

## Alumni Scholarship

### Stipulations:

1. The program provides an Alumni Scholarship to Lipscomb University alumni who enroll in a master's level graduate education program.
2. The Alumni Scholarship provided by the university will reduce the graduate tuition charge by 20%.

### Applicant:

\_\_\_\_\_ I am an alumnus of Lipscomb University, having attended the university during the year(s) \_\_\_\_\_ to \_\_\_\_\_.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of scholarship applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

Certifying University Representative: \_\_\_\_\_

Name

Date