



INCEC Littlejohn Scholarship

One \$500 scholarship is awarded annually to the special education major or minor undergraduate student who best exemplifies the dedication to the principle and high professional standards of Dr. William Littlejohn.

WHO MAY APPLY:

Applicants are limited to undergraduate students majoring/minoring in special education in institutions of higher learning throughout Indiana. Applicants must be members of Indiana Council for Exceptional Children as student members and participating in a student teaching experience in special education during the fall or spring semester of the scholarship award.

CRITERIA FOR SELECTION:

The scholarship is awarded on the basis of demonstrated interest in the field of special education. Applicants must also:

(a) Demonstrate potential for the successful completion of the educational requirements in a college or university Department of Education program and the potential of a successful application for a teaching license, and submit a transcript of grades.

SELECTION PROCESS:

The scholarship will be paid to the recipient plans to the recipient at the Spring conference. The recipient will be required to attend the conference. Conference registration fees will be waived for the recipient.

APPLICATION PROCEDURE:

A total application consists of three parts:

- (a) A completed formal application;
- (b) A copy of the most up-to-date transcript of grades;
- (c) A typewritten essay of approximately 500 words clearly demonstrating an interest in, and knowledge of, The Importance of Special Education in Today's Public Schools

Applications must be received by February 1, 2007

ALL APPLICATIONS MUST BE SUBMITTED TO:

Indiana Council for Exceptional Children

7441 Noel Forest Court Indianapolis, IN 46278
FAX 317-298-4655 kadowell@comcast.net

Current grade point average:

Activities: List any professional work experience, extracurricular activities, and/or awards and honors. Please continue on a separate page, if necessary.

List two references (exclusive of relatives and fellow students) who are most familiar with your abilities and goals and/or experience in the field of education.

Name _____

Address _____

Name _____

Address _____

Certification of Application

I certify that the information provided on this application and all supplemental forms is complete and correct to the best of my knowledge. I further certify that if I am chosen as a scholarship recipient, I will use those funds only for expenses related to my student teaching in the field of special education.

Signature _____ Date _____

Note: This application will not be processed unless it is accompanied by (a) an official transcript and (b) the required essay as specified on the cover page of this application