



**INDIANA COUNCIL OF  
ADMINISTRATORS OF  
SPECIAL EDUCATION**

## Presidential Scholarship Application

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*An eligible recipient must be accepted or currently enrolled into a Director of Exceptional Needs licensing program for the state of Indiana to be eligible.*

**All Sections must be completed**

### **Section I**

Candidate's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

University: \_\_\_\_\_

Program Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

University Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_ Student ID#: \_\_\_\_\_

## Section II

*An eligible recipient must have two recommendations, one from a current director of special education and another from immediate supervisor/administrator*

*Each administrator may be contacted*

Director's Name (title): \_\_\_\_\_

Director's email: \_\_\_\_\_ Director's Phone: \_\_\_\_\_

Supervisor's Name (title): \_\_\_\_\_

Supervisor's email: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Undergraduate University -Degree earned: \_\_\_\_\_ GPA: \_\_\_\_\_

Graduate School- Degree earned: \_\_\_\_\_ GPA: \_\_\_\_\_

*(If currently enrolled in a program to include a graduate degree, please state "currently enrolled" above)*

Please submit verification of admittance, enrollment or current advisor's signature:

University Advisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit two letters of recommendation with application; one from an administrator in special education and another from an immediate supervisor (principal, assistant principal, superintendent or program professor in the licensing program if currently taking classes)*

**Section III**

*Professional Organization Affiliation and accomplishments*

Are you an ICASE Aspiring Member?      Please check one:      Yes \_\_\_      No \_\_\_

Organization

Role

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Accomplishments/Activities

*Candidates must demonstrate a desire to develop or participate in activities which contribute to helping individuals with exceptional needs- (committees, professional leadership roles, community service projects or activities)*

_____
_____
_____
_____
_____
_____

**Section IV**

*Essay: 1 page maximum (Typed-12 pt. Times New Roman, Double Spaced)*

*“What contributions do I intend on making as an administrator in the field of  
Special Education?”*

**Section V**

*Scholarship payment for tuition is to be paid directly to the University in which the  
candidate is enrolled. Please provide the following contact information.*

Name of Bursar/Controller: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(University Department Head)

Return completed application by December 1<sup>st</sup>, 2018

ICASE Membership Committee

[www.icas.org](http://www.icas.org)