



**INDIANA COUNCIL OF
ADMINISTRATORS OF
SPECIAL EDUCATION**

Presidential Scholarship Application

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: _____

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 Affiliations and accomplishments

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 January 1st.

ICASE Membership Committee

www.icasel.org