

Washington State Association Of School Psychologists

MINORITY SCHOLARSHIP PROGRAM (2008) for Graduate Training in School Psychology

Scholarship Application

www.wsasp.org

Mission Statement

WSASP is aware of the need for a more aggressive approach to relieve financial pressures faced by minority students pursuing careers in school psychology. The WSASP Minority Scholarship Program was established to address this need in our state's schools. To help foster and encourage diversity in the profession, the Program will annually award \$1,000 to at least one qualified and select graduate student of school psychology in the state of Washington.

Application Information

Eligibility

To be considered for this scholarship, the candidate must:

- Be a full-time or minimum half-time minority student

Applicant Name: _____

- Be enrolled in a NASP-approved and/or regionally accredited school psychology program in Washington State, with the aim of becoming a practicing School Psychologist in Washington State
- Be a WSASP student member
- Be in good academic standing
- Have a minimum cumulative overall GPA of 3.0

IMPORTANT: Doctoral candidates will not be considered for this award. Only those students enrolled in specialist level (or equivalent) school psychology training programs will be considered for this scholarship award.

Selection Criteria

The documents requested under Application Deadline and Procedures will be reviewed by the Minority Scholarship Program Selection Committee. In reaching their decision, the Selection Committee will consider the content and completeness of the application; the applicant's experience, interests and growth as reflected on their resume; the applicant's personal statement; accomplishments; references; financial standing; and degree of scholarship. If the applicant is selected as a scholarship recipient, a signed statement affirming these conditions will be required prior to payment being made.

Notification

The recipient of the WSASP Minority Student scholarship will be announced at the WSASP Fall Conference.

Application Deadline and Procedures

To be considered for the 2008 award, the entire application package **MUST** be received by the WSASP office **no later than June 1, 2008**. **IMPORTANT: You will not be considered for this award if ALL application materials and supporting documents are not contained together in one package and received at the WSASP office by the deadline of June 1, 2008.** The package should be sent to:

WSASP Minority Scholarship Program
10708 Fremont Avenue North
Seattle, WA, 98133

DO NOT present your materials in special binders, sheet protectors, folders or other packaging. **DO NOT** paper clip or staple your materials. Be sure to make copies of the blank page 5 so you will have enough for each reference. **DO** present your materials in the order outlined on page 3.

Instructions

The following materials must be included in your application package:

- Completed General Information (page 4).

Applicant Name: _____

- At least two (2) letters of recommendation (page 5). First-year graduate students should obtain letters attesting to their professional qualities with, if possible, at least one from a faculty member from their undergraduate or graduate studies. Second- and third-year students **MUST** have at least one letter from a faculty member of their school psychology program.
- Completed University Information (page 6).
- Completed Certification of Program Acceptance (page 6).
- Completed Verification of Application (page 6).
- Resume, including undergraduate and/or graduate schools; awards and honors; student and professional activities; work and volunteer experiences; research and publications; workshops or other presentations; and any special skills, training or experience that the applicant will be able to bring to the practice of school psychology including, but not limited to, bilingualism, teaching experience and mental health experience.
- Statement of professional goals, not to exceed 1,000 words.
- Official transcripts supporting a minimum cumulative overall GPA of 3.0 for the applicant's college career. This would include providing **ALL** official undergraduate **AND** graduate transcripts, through the highest level completed. "Official transcript" is defined as (1) a transcript embossed with an original stamp or seal of the school, preferably printed on encoded, tamper-proof paper indicating authenticity, and/or (2) a transcript you have received from your school, still in the school's sealed envelope, with proof that the envelope has never been opened (e.g., intact registrar's signature or seal over the flap of the envelope). Transfer transcripts are accepted so long as the transcript which displays the transferred credits is submitted in "official" form as described previously.

You may also include a brief statement (limit: one page) about any special circumstance/s you feel the Selection Committee should consider in evaluating your application, and/or a brief summary (limit: one page) of personal accomplishments or activities.

*****Current recipients will need to reapply annually.

General Applicant Information

(Please print in ink or type)

Last Name

First Name

Middle Initial

Applicant Name: _____

If you are female and using your husband's last name, please list your maiden name: _____

Mailing Address: _____
Street

City State Zip + 4 digits

Home Phone E-Mail Birthdate (mo-day-yr)

Gender: _____ Male _____ Female _____
Social Security Number

Ethnic Background (please check one):

_____ Black/African American _____ Asian and Pacific Islander
_____ American Indian or Alaskan Native _____ Hispanic

*Note: These ethnic groups are defined as follows, using the definition of minority found in the Federal Acquisition Regulations 48 CFR 52.222-27:

1. American Indian or Alaskan Native (all persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification);
2. Asian and Pacific Islander (all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands);
3. Black (all persons having origins in any of the black African racial groups not of Hispanic origin); and
4. Hispanic (all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race).

*Please make copies of this page and distribute to person submitting Letter of Recommendation.

Letters of Recommendation

For consideration by the person submitting a Letter of Recommendation on behalf of the Applicant:

Applicant Name: _____

The WSASP Minority Scholarship Program awards scholarships to minority students enrolled in school psychology programs in Washington State. The student whose name appears above is applying for this scholarship. The Selection Committee would appreciate your help as they consider his/her application. In your Letter of Recommendation, please respond to the questions that follow as fully as you can:

1. How long have you known the applicant and in what capacity?
2. What are the applicant's strengths and special talents?
3. One of the criteria that this applicant must meet is interest in pursuing and/or continuing to pursue a degree and a career in school psychology. Please give your assessment of the applicant's interest in this area.
4. Interpersonal skills are important when dealing with schools, outside agencies, parents, and so on. Please give your assessment of the applicant's interpersonal skills.

Please return your recommendation letter directly to the student who will include it in his/her application package. Do not send your recommendation to WSASP.

University Information

(Please print in ink or type)

NAME OF UNIVERSITY _____

Applicant Name: _____

ADDRESS

_____ Street

_____ City State Zip + 4 digits

TELEPHONE

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Certification of Program Acceptance

I, _____, hereby certify that _____
(name of advisor) (name of applicant)

has been accepted or is currently enrolled in the _____
(name of university)

school psychology program.

ADVISOR'S SIGNATURE _____

ADVISOR'S E-MAIL _____

DATE _____

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Verification of Application

I, the undersigned, have read and understand the conditions of this application; the information contained and included within is true, complete and correct; and to the best of my knowledge and belief, I am eligible to receive this Scholarship as defined by the Minority Scholarship Program of the Washington State Association of School Psychologists.

Applicant Signature Date