



STATE OF MISSOURI
 MISSOURI DEPARTMENT OF HIGHER EDUCATION
APPLICATION FOR MISSOURI MINORITY TEACHING SCHOLARSHIP
 P.O. BOX 1469, JEFFERSON CITY, MO 65102-1469
 FAX: 573-751-6635 • TOLL-FREE: 800-473-6757, OPTION 4



INSTRUCTIONS

Return this application, along with all official transcripts (test scores, class rank and grade point average highlighted), your essay and résumé, and the three completed recommendation forms to the above address by June 1. **Applications must be postmarked by June 1 to be considered.**

TO BE COMPLETED BY APPLICANT

NAME		SOCIAL SECURITY NUMBER		
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HOME ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
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COUNTY	DATE OF BIRTH
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NAME OF PARENT/GUARDIAN				
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ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
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ETHNIC GROUP			SEX	
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Male		
<input type="checkbox"/> Asian American	<input type="checkbox"/> Native American	<input type="checkbox"/> Female		

IN ORDER OF PREFERENCE, LIST THE COMMUNITY COLLEGES OR 4-YEAR COLLEGES OR UNIVERSITIES THAT YOU WOULD ATTEND IF YOU WERE AWARDED A SCHOLARSHIP. THESE INSTITUTIONS MUST HAVE AN APPROVED TEACHER EDUCATION PROGRAM, AND PARTICIPATE IN THE MMTS PROGRAM.

(1)	(2)	(3)
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IN WHICH GRADE LEVELS WOULD YOU PREFER TO TEACH?		
<input type="checkbox"/> Elementary	<input type="checkbox"/> Junior High School	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	

IN WHAT SUBJECT AREA WOULD YOU PREFER TO SPECIALIZE?	HIGH SCHOOL/INSTITUTION CURRENTLY ATTENDING	TELEPHONE NUMBER ()
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CURRENT ACADEMIC STATUS (CHECK)	
<input type="checkbox"/> High School Senior	<input type="checkbox"/> College/University Senior
<input type="checkbox"/> Community College or 4-year College/University Freshman	<input type="checkbox"/> Returning Adult Student
<input type="checkbox"/> Community College or 4-year College/University Sophomore	<input type="checkbox"/> Baccalaureate Degree in _____
<input type="checkbox"/> College/University Junior	

SIGNATURE OF APPLICANT VERIFIES THE INFORMATION PROVIDED IS TRUE, COMPLETE AND CORRECT.	DATE
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ESSAY

Please complete an essay about why you desire to enter the teaching profession and your ideal teaching/classroom situation. Your essay should be no more than 250 words and should be printed or typed. Please attach the completed essay.

RÉSUMÉ

Please attach a résumé which includes the following information about yourself.

1) School and community activities	3) Hobbies and interests
2) Leadership roles	4) Employment experiences

