

HARDING UNIVERSITY
GRADUATE STUDIES IN EDUCATION
Educators Scholarship Application

This form must be completed each school year.

I, _____, am applying for the Educators Scholarship for graduate classes. I am currently employed with the _____ school district for the _____ - _____ school year. **I will attach either verification of current employment from my school on school letterhead or a copy of my current contract when I return this form.**

Student Signature _____

Date _____

Social Security Number _____

Email _____

Home Mailing Address

School Mailing Address

Home Phone _____

School Phone _____

Return this form and verification to:

Chair of Graduate Studies in Education
Box 12261
Harding University
Searcy, AR 72149-2261
Fax: 501-279-4083

Approved

Date