Northern Illinois University
College of Education

Future Educators Scholarship Program Application

Award program for students who have declared an undergraduate major in a teacher licensure program at NIU.

Personal Information:

Name: ___________________________ ZID: __________________
Address: ___________________________ Telephone: ________________
City: ___________________ State: ___________ Zip Code: ________________
E-Mail: ___________________________

Applicant Pools – Students may apply for only ONE category:

☐ 1. Golden Apple Scholar - Currently enrolled at NIU

☐ 2. Golden Apple Scholar – Newly Admitted to NIU for Fall 2016

☐ 3. Newly Admitted or Currently Enrolled NIU student (not affiliated with Golden Apple) who has demonstrated exemplary leadership and dedication to the teaching profession.

Academic Information

Intended/Declared Major:

________________________________________

*High School Applicant:
Cumulative GPA: _______ (on 4.0 scale) Class Rank: _______/_______
ACT Score: _______ OR SAT Score: _______

*Transfer Applicant:
Cumulative GPA: _______ (on 4.0 scale) Earned Hours: _______

Currently Enrolled NIU Student:
Cumulative GPA: _______ (on 4.0 scale) Earned Hours: _______

*TRANSCRIPTS MUST BE SUBMITTED VERIFYING THE ABOVE INFORMATION ONLY IF NOT ALREADY ON FILE WITH THE NIU OFFICE OF ADMISSIONS.

Race/Ethnicity: (OPTIONAL)

☐ African American ☐ Asian American ☐ Latino/Hispanic
☐ Caucasian ☐ Native American ☐ Other
Applicant’s Statement:
Eligible students must submit a completed application and essay detailing the following:
- Career aspirations
- Reasons for desiring to attend/selecting NIU
- Civic and community involvement and leadership
- Financial circumstances

Required Signature:
I certify by my signature that to the best of my knowledge, I have provided full information concerning all questions on this application. I further understand that failure to provide true and complete information could mean withdrawal of all financial assistance for any funds awarded to me via this tuition waiver. I also give the committee permission to review/access my academic records for the purpose of awarding the waiver. I agree to report any factors that may affect my application, i.e. major change, change in financial status, etc.

__________________________________________________________________________________
Signature Date

Only fully completed application forms will be considered.

This includes:
1. Application
2. Verification Form for currently enrolled NIU students
3. Applicant Statement
4. Statement of Selective Service Registration Status

Submit materials to:
Future Educators Scholarship Program
C/O COE Student Services
College of Education, Gabel Hall 138
Northern Illinois University
DeKalb, IL 60115

Complete application must be received by 4:30 p.m. on April 1, 2016
Northern Illinois University
College of Education

Future Educators Scholarship Program

Verification of Progress Toward Degree
For Currently Enrolled NIU Students only

______________

Personal Information: To be completed by student.

Name: ___________________________ ZID: ___________________________

Address: ___________________________ Telephone: ___________________________

City: ___________________________ State: ______ Zip Code: __________

Preferred E-Mail Address: ___________________________

______________

Verification: To be completed by NIU academic advisor/Teacher Licensure advisor

I hereby verify that the above student is making academic progress toward completion of the following degree program and licensure area:

__________________________________________

Academic/Teacher Licensure Advisor Name

Phone

E-mail

__________________________________________

Academic/Teacher Licensure Advisor Signature

Date
NIU STUDENT INFORMATION: FOR SCANNING PURPOSES USE BLACK OR BLUE INK TO COMPLETE THIS FORM.

Name ___________________________ ___________ ___________ Z-ID_______
Last First MI

AS A RECIPIENT OF A SCHOLARSHIP FUNDED BY THE STATE OF ILLINOIS, YOU ARE REQUIRED TO DOCUMENT THAT YOU DEMONSTRATE COMPLIANCE WITH THE REGULATIONS REQUIRING SELECTIVE SERVICE REGISTRATION. COMPLETE THE FOLLOWING STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS AND RETURN THIS FORM TO THE STUDENT FINANCIAL AID OFFICE.

STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS
FOR COMPLIANCE WITH STATE LAWS REGARDING RECEIPT OF STATE FUNDS

☐ I certify that I am registered with Selective Service.
☐ I certify that I am not required to be registered with Selective Service because:
   ☐ I am female
   ☐ I am in the armed services on active duty (Note: Does not apply to members of the Reserves and National Guard who are not on active duty).
   ☐ I have not reached my 18th birthday.
   ☐ I was born before 1960.
   ☐ I am a citizen of the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia.
   ☐ I am not a citizen or permanent resident of the United States of America.
   ☐ I am age 26 or over and gained citizenship or permanent residency on or after age 26.

I certify, under the penalties or perjury as provided by law, that the information is true and correct.

Print Name

Social Security Number

Student’s Signature

Date

FA Selective Service 5/12