



LARCS of Fresno, Inc. Scholarship Application Instructions

Award Criteria

1. Applicant is currently enrolled at an accredited college or university and enrolled in coursework relating to a Special Education credential/or related field of study
or concurrently
2. Employed in the Special Education/or related field at a public or private institution and utilizes various teaching methodologies and plans innovative learning experiences to meet the needs of all students and working towards credential
and
3. Serves as a positive role model epitomizing personal health and fitness, passion for teaching and learning, and sensitivity to the physical and emotional needs of all students.
4. Participates in professional development opportunities.
5. Provides service to individuals with disabilities through advocacy, consultation, in-service training presentations and/or active membership in related professional organizations.

Selection and Recognition Process

**All applicants must turn in completed application packet by April 15, 2018 to:
Pam Linsner 2697 W. Sierra Ave. Fresno, Ca. 93711 or emailed to:
pam.linsner@gmail.com**

1. The selection committee, consisting of the LARCS Scholarship Chairman, President, and Scholarship Committee will review applications and select 2-3 finalists.
2. The selection committee will determine the recipient(s) based upon the application submitted.
3. In the event that no nominee is deemed qualified by a majority vote of the LARCS Scholarship Committee, no award will be issued that year.
4. The Scholarship Chairman will notify the selected person(s) by phone and formal letter of acknowledgment. Arrangements for the time and place of the award presentation will be clarified with the recipient.

Application Directions

Application must:

1. **Be typed and complete with all necessary/required signatures.**
2. **Include cover letter explaining financial need.**
3. **Include up-to-date university transcripts.**
4. **Include three letters of recommendation (one must be from a current administrator/supervisor/professor).**
5. **Must be submitted to LARCS by the deadline.**



LARCS Scholarship – Official Application

Applicant's Name	
Address	
Phone	
E-mail Address	
Present Position	
School/Address	
School Phone	
Administrator	

Educational Information:

	College/University	Major
Bachelor's Degree		
Graduate Coursework		

Career Information (if applicable)

Service Period	Position	Location

Professional Affiliations (optional):

Organization	Focus	Years of Membership

Significant Achievements in Special Education Field/coursework

Community Service: (Organization)



LARCS Scholarship

Verification of enrollment at an accredited college or university and enrolled in coursework relating to a Special Education credential/or related field of study or employed in Special Education/or related field at a public or private institution:

A school administrator or supervisor who can verify that this applicant meets the requirements of this scholarship must complete the section below.

I attest to the fact that this applicant, _____, who is applying for a LARCS Scholarship, is currently enrolled in coarse work or is currently employed in a Special Education related field.

Name: _____

Title: _____

School: _____

Signature: _____

Date: _____