#

# Spring 2014 – Please complete and return to soconnor@uwgpsnj.org

# UWSEPA - SJU Scholarship Application

**Course: Social-Emotional Development and Motor Development in Early Childhood**

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| 1. College Credit |
| Will you be taking this course for  OR  |

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| 2. Contact Information |
| Name |  |
| Street Address |  |
| City, State ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |
| **E-Mail Address (individual email address is required)** |  |
| Primary (First) Language:  Other: |

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| 3. Employment Information |
| Where are you currently employed?  |  |
| Street Address |  |
| City, State ZIP Code |  |
| Supervisor (name & title) |  |
| Position   Other:  |
| Years in position:  |
| Keystone STARS Information     |

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| 4. Person to Notify in Case of Emergency |
| Name |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |

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| 5. Essay – (Three Paragraphs in length) – Choose one topic from below. |
| 1. What is your parenting or childrearing philosophy?
2. Pick an experience from your own life and explain how it has influenced your development.
3. Describe examples of your leadership experience in which you significantly influenced others, helped resolve disputes, or contributed to group efforts over time. Consider responsibilities or initiatives taken in or out of work environment.
4. What do you enjoy most about your job/profession and why?
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| 6. Pre-requisite Courses: Transcripts of these courses will be needed prior to the start of class 1. One college level English (or Composition) Course (3 Credits)
2. Two (2) courses in Psychology, Sociology, Child/Human Development, or Early Childhood Education
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| **Name of Course** | **College/University** | **Grade Received** | **When?** (season, year) i.e. Spring, 2009 |
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| **List degree(s)/credentials (i.e. CDA, Teacher Certification, etc.)** |

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| Agreement and Signature |
| By submitting this application, I affirm that the facts set forth in it are true and complete. The attached essay was written in my own words. I understand that if my scholarship application is approved, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the course.  |
| Name (printed) |  |
| Signature |  |
| Date |  |

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| Our Policy |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. *Thank you for completing this application and for your interest in taking this course.* |

**Application Deadline:**

**5:00 PM November 21, 2014**

**Email Application to:** **soconnor@uwgpsnj.org**

**Mail Signed Application to:**

Suzanne J. O’Connor, SB6® Program Manager

United Way of Greater Philadelphia & Southern New Jersey

1709 Benjamin Franklin Parkway

Philadelphia, PA 19103

**For Internal Use Only:**

Email Address: **\_\_\_\_\_\_\_\_\_**

College English \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Essay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_