



JAMES L. DICKERSON SCHOLARSHIP

The College of Education is pleased to announce the James L. Dickerson Scholarship. Through a gift of Mr. James L. Dickerson, one scholarship will be awarded on the basis of financial need. Students who will be in a full-time student-teaching semester (**full-time means that you are enrolled for 12 hours**) and feel that their financial situation makes them eligible should apply according to the information provided below.

The number of scholarships awarded each semester will vary, as will award amounts. This will depend on the number of qualified applicants each semester, and the amount of money available from the James L. Dickerson Scholarship funds at that time.

Qualifications:

1. Applicants must be citizens of the United States.
2. Applicants must be enrolled in an approved teacher education program in the College of Education. **Scholarships will be awarded for full-time student teaching semester only.**
3. **Financial need is a primary requisite for the award of these scholarships.**
4. Candidate must **state their intent** to make a career in public school education in the State of Georgia.

Application Procedures:

1. Application file must contain a completed, typed or neatly hand-written application form, a **typed** personal statement, financial statement, and three letters of recommendation.
2. A copy of the Financial Aid Award Letter available through OASIS **must** be provided.
3. **The original completed application, three letters of recommendation, financial statement and the Oasis Financial Aid Letter must be submitted along with six (6) additional copies of all materials to 124M Aderhold by Friday, September 25th.**

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This application form should be completed and returned along with six (6) additional copies to the Student Services Office, College of Education, 124 M Aderhold Hall. All applicants must submit the original application and 6 additional copies of all materials.

SECTION I:

Name: _____ S.S. # _____

Address: _____

_____ Phone: (____) _____

Current GPA: _____ Major: _____

E-mail Address: _____

Class (circle one): Freshman Sophomore Junior Senior Graduate Student Alternative

Degree Objective (circle one): **BSED MED MA EDD EDS PHD**

Expected Date of Graduation: _____

SECTION II:

Is this your first application for a College of Education scholarship? _____

Is this a re-application for a College of Education scholarship? _____

Have you used the University Office of Financial Aid? _____

If you are receiving financial aid through that office, please indicate the nature or kind:

Please indicate your anticipated schedule for next semester:

Courses	Hours
_____	_____
_____	_____
_____	_____
_____	_____

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SECTION III:**

Please ask three (3) people who are familiar with your **academic** and/or your **professional** work performance to provide letters of recommendation. One letter must come from your Teacher Education Program and one letter from someone at UGA who may attest to your academic work, and one letter from someone familiar with your professional work performance. **List your references below and have them address the letters to: College of Education Scholarship Committee, 124 M Aderhold Hall, University of Georgia, Athens, Georgia 30602.**

Name: _____ Title: _____

Address: _____

Name: _____ Title: _____

Address: _____

Name: _____ Title: _____

Address: _____

SECTION IV:

In a separate letter, please provide a typed statement about yourself and your goals. Please state your intent to make a career in education in the State of Georgia. Detail your financial need and other information which you deem appropriate to support your application. Please attach letter to application.

SECTION V:

(Applicant's Signature)

(Date)

NOTE: Return this original completed application form to the Student Services Office, College of Education, 124 M Aderhold Hall. Applicants must submit seven applications (six copies plus the original) of all materials.

SECTION VI:

Complete the attached Financial Information Sheet in as much detail as possible.

NOTE: Applications without this completed sheet will not be considered.

FINANCIAL INFORMATION

A. Financial information for the **YEAR** for which you are requesting assistance:

<u>Income per Month</u>		<u>Expenses per Month</u>	
<u>Source</u>	<u>Amount</u>	<u>Source</u>	<u>Amount</u>
a. Work	_____	a. Rent or house payment	_____
b. College or other loans	_____	b. Utilities (phone, gas, electricity, etc.)	_____
c. Parents	_____	c. Tuition and fees	_____
d. Scholarships	_____	d. Transportation	_____
e. Savings or sale of stocks/bonds	_____	e. Food	_____
f. Assistantship	_____	f. Clothing	_____
g. Government support programs	_____	g. Books	_____
h. Other (itemize below)		h. Entertainment	_____
_____	_____	i. Medical Insurance	_____
_____	_____	k. Credit card payments	_____
_____	_____	L. Other (itemize below)	_____
Total	= _____	Total	= _____

B. This space is for any additional comments you would like to make regarding your financial need that you did not include on your personal statement. Please state your expectation of how you intend to pay for your tuition and fees for this semester.
