B.A. Manes Sweden Scholarship
APPLICATION

Scholarship Criteria:

1. The B.A. Manes Sweden Scholarship will be awarded to a Slippery Rock student who could not otherwise afford to go on the annual departmental trip to Sweden. The recipient will be either an Elementary/Early Childhood Education major or an Elementary/Early Childhood/Special Education dual major.

Award Amount: $2000.

The B.A. Manes Sweden Scholarship recipient will be identified for the spring semester trip. Past recipients are not eligible to re-apply.

Application Process:

Candidates will submit the following by October 30th to:

Dr. Linda Zane, Associate Professor of Early Childhood Education
202 McKay Education Building
724.738.2296

1. B.A. Manes Sweden Scholarship Application
B.A. Manes Sweden Scholarship APPLICATION

PERSONAL

Name: First Middle Last

Address: Street Address
City State Zip

Cell Phone Number: ( ) __________
Home Phone Number: ( ) __________
E-mail Address: ____________________________

EDUCATION

<table>
<thead>
<tr>
<th>Major/Course of Study &amp; Minor(s), if applicable</th>
<th>GPA</th>
<th>Clubs/Organizations</th>
<th>Anticipated Graduation Date</th>
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<tbody>
<tr>
<td>Slippery Rock University</td>
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Answer the following questions, and add additional page(s) if necessary.

Please describe your involvement with the education department and your goals for the trip to Sweden:

__________________________________________________________________________________________________________________________________________

Why would you be the ideal recipient of this award? Please include any information related to your ability to cover the costs of the trip:

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Please list additional information the committee should consider that would aid in our choice of the best candidate (exclude any that would indicate sex, race, religion, national origin, age, color, disability or other protected status):

__________________________________________________________________________________________________________________________________________

SIGNATURE

I have answered all questions to the best of my ability. Information on this Scholarship Application is accurate to the best of my knowledge.

I give Slippery Rock University and the Scholarship Selection Committee and SRU Foundation permission to use information contained in my academic records and on my financial aid application during the review of my eligibility for this scholarship. I understand that additional information may be requested from me for this application process.

_________________________________________  ______________________________
Applicant’s Signature Date