

Adapted Physical Education Student Scholarship

California State Council on Adapted Physical Education

\$1000 Scholarship to be presented at the National Adapted Physical Education Conference

Due Date April 15th.

Qualifications:

Specialize in the field of Adapted Physical Education
Pursuing adapted physical education authorization or graduate work in APE
CAHPERD member
Attending a California college/university

Criteria for Selection:

Experience/interest in working with individuals with disabilities
Scholastic proficiency
Leadership ability
Personal qualities
School, community and professional activities

1. Applicants Name

2. Full Mailing Address

3. E-Mail Address (year-round)

4. Phone (year-round)

5. University, Major, Minor, year status

6. Date of APE (anticipated)Authorization

7. Education Information (Universities, Degrees/Majors, credentials, authorizations), dates attended.

8. Professional Affiliations and dates of membership

9. Description of professional activities and conferences and dates attended.

10. Extracurricular activities and offices held or leadership roles (include dates):

11. Work experience. (Start with the most recent and indicate paid or volunteer):

12. Work or volunteer experience with individuals with disabilities (include dates):

13. Scholarship, awards, honors (include dates):

14. Please supply any additional information you believe is pertinent to this application and a statement of your professional goals and philosophy of physical education for individuals with disabilities: (not to exceed 300 words).

15. List the names, titles, email address, phone number of 3 authors of letters of recommendation. Submit the 3 letters of recommendation on letterhead to califstatecouncilape@gmail.com . Letters of recommendation should acknowledge the following criteria: responsibility, enthusiasm, professional attitude, leadership activities, experience and desire to work with individuals with disabilities.

SCHOLASTIC VERIFICATION

University Adapted Physical Education Coordinator must submit the following information to califstatecouncilape@gmail.com:

This will verify that _____

NO YES

____ 1. has completed _____ units of under graduate college work with an overall GPA of _____

____ 2. has a specialization in Adapted Physical Education.

____ 3. has completed _____ units of graduate college work with an overall GPA of _____

_____ 4. will be doing his/her last semester of student teaching in the area of Adapted Physical Education

Starting date: _____

Ending date: _____

Signature: _____

University Adapted Physical Education Program Coordinator

College/University _____

Telephone: (w) _____

E-mail: _____

16. University Adapted Physical Education Coordinator Name, university, email address, phone number

17. Form completed by name, email address, phone

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