



ST. JOHN'S  
UNIVERSITY

THE SCHOOL OF EDUCATION

# GRADUATE SCHOLARS APPLICATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

X number (if applicable): \_\_\_\_\_

What is your current GPA? \_\_\_\_\_

## DEPARTMENT (CHOOSE ONE):

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative and Instructional Leadership | Rene Parmar, Ph.D., <i>Chair</i>          |
| <input type="checkbox"/> Counselor Education                         | Robert Eschenauer, Ph.D., <i>Chair</i>    |
| <input type="checkbox"/> Curriculum and Instruction                  | Judith McVarish, Ph.D., <i>Chair</i>      |
| <input type="checkbox"/> Education Specialties                       | Yvonne Pratt-Johnson, Ed.D., <i>Chair</i> |

What is your degree, major, and program? \_\_\_\_\_

Why do you want to be considered for this scholarship? Please respond in 300 words or less.

X \_\_\_\_\_

*Chair signature, authorizing student to submit application. This does **NOT** guarantee award.*