

**Training Interdisciplinary Educators To Support High-Needs Populations
(TRIPLETS)**

SCHOLARSHIP APPLICATION FORM

**Department of Early Childhood, Special Education, and Rehabilitation Counseling
University of Kentucky**

Directions: Fill in All Blanks. Please Type or Print.

Name: _____ Application Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home/cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Have you been admitted to the Graduate School at the University of Kentucky?

YES

NO

Are you applying for the MSD Teacher Leader Master's Program or the Applied Behavior Analysis Master's Program? **Teacher Leader Master's students must have an undergraduate degree in moderate and severe disabilities.

MSD Teacher Leader Master's

Applied Behavior Analysis Master's

How many years you have taught? _____

List relevant work experiences beginning with the most recent.

Employer	Location	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____

All students receiving tuition support from a federally funded training grant are required to enter into a written service obligation agreement with the U.S. Department of Education, Office of Special Education and Rehabilitation Services. In this agreement, scholars are required to repay the scholarship by working in their field of study for 2 years for every academic year of support.

List relevant volunteer activities and professional organizations to which you belong.

List the goals you would like to accomplish as a result of the Scholarship.

What do you hope to do upon completion of the program?

How did you hear about this scholarship program?

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Summarize your experience with research or collaboration related to research activities.

List any leadership positions you have held and briefly describe those experiences. (e.g. department chair, team leader, mentor, co-teacher).

By signing this application, I understand that before receiving federal funds that I must enter into a written service obligation agreement with the U.S. Department of Education. In this agreement, I must repay the scholarship by working in the field of special education for 2 years for every academic year of support, or I will have to repay the money to the U.S. Department of Education.

Signature

Date

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ALL STUDENT COHORTS BEGIN IN THE FALL SEMESTER. YOU MUST APPLY AND BE ADMITTED TO THE GRADUATE SCHOOL BEFORE YOU CAN BEGIN COURSEWORK. FOR APPLICATION MATERIALS AND INFORMATION, GO TO

<https://education.uky.edu/edsrc/scholarship/#triplets>

SEND THIS COMPLETED APPLICATION FORM TO:

Amy D. Spriggs
Department of Early Childhood, Special Education, and Rehabilitation Counseling
229 Taylor Education Building
University of Kentucky
Lexington, KY 40506-0001

If you have any questions, contact one of the following:

Amy Spriggs, Ph.D. (amy.spriggs@uky.edu)
Sally Shepley, Ph.D. (sally.shepley@uky.edu)
Justin Lane, Ph.D. (Justin.lane@uky.edu)

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