**Rural NE Application Form for Tuition/Fee Assistance**

Enhancing Computer Science Education Graduate Program Pathways for K-12 Teachers

**Note:** This application form should be completed prior to the start of each term for which you are requesting support. To be eligible for assistance you must be a current teacher in a rural Nebraska school district.

Funding is contingent on availability of funds and successful progress in your plan of study. Repeated coursework will not be supported nor will coursework that is not completed during the term requested.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NUID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic term for which funding is being requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select your intended goal in the graduate Computer Science Education program at UNO:**

\_\_\_\_ IT Supplemental Endorsement only.

\_\_\_\_ Endorsement + a graduate certificate in Computer Science Education.

\_\_\_\_ Endorsement + a MS degree in Computer Science Education.

**Are you:**

\_\_\_\_ A first time applicant for support under this grant

 Y/N Have you already applied for admission and been accepted into the program at UNO?

\_\_\_\_ A previous recipient of tuition support from this grant

**Coursework and Progress to Date:**

If you are a prior recipient of funding, please list the coursework you have completed in the program thus far and indicate the grade you received in each course.

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| --- | --- | --- | --- | --- | --- |
| Course Number | Term  | Grade | Course Number | Term | Grade |
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**NOTE: Grades of C or lower cannot be used when applying for your endorsement!**

What coursework will you be taking during the term for which you are currently requesting support?

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School District Endorsement of Application (required for all applications)**

Once you have completed this form, please have it reviewed and signed by your principal. By signing this form, your principal acknowledges indicates that you have had a conversation your interests in information technology education and that the school supports this application for funding

Principal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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