



**SCHOOL OF EDUCATION  
TE LEAP Scholarship  
APPLICATION**

**Teacher Education Licensing Educators at an Accelerated Pace**

**DEADLINE DATE: April 1 , 2009**

**PERSONAL INFORMATION:** Name: \_\_\_\_\_ Banner ID \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**PART II. The TE L.E.A.P.** (Licensing Educators at an Accelerated Pace) **Scholarships** are awarded to Fayetteville State University Teacher Education students who are eligible for additional financial assistance to meet program costs. To be eligible for the TE L.E.A.P. Scholarship, students must be a NC resident in one of the program's targeted licensure areas. All grants for which the student is eligible will be used first to cover program costs.

**All applicants for the TE L.E.A. P. Scholarship must complete the FAFSA application and documents required by the Financial Aid Office.**

1. Have you completed the FAFSA Application for the school terms  
2008-2009 Yes \_\_\_ No \_\_\_ and/or 2009-2010? Yes \_\_\_ No \_\_\_
2. Have you applied for or received funds from the:  
Teacher Assistant Scholarship Loan or Fund \_\_\_ Yes \_\_\_ No If Yes, what year(s) \_\_\_\_\_  
Millennium Scholarship \_\_\_ Yes \_\_\_ No If Yes, what year(s) \_\_\_\_\_  
Pell Grant \_\_\_ Yes \_\_\_ No If Yes, what year(s) \_\_\_\_\_  
Perkins Loan \_\_\_ Yes \_\_\_ No If Yes, what year(s) \_\_\_\_\_  
Prospective Teachers Scholarship Loan \_\_\_ Yes \_\_\_ No If Yes, what year(s) \_\_\_\_\_  
NC TEACH Grant If Yes, what year(s) \_\_\_\_\_  
NC Model Teacher Education Consortium Funds If Yes, what years(s) \_\_\_\_\_
3. Do you plan to secure a loan or grant for the purpose of attending Summer School Session I and/or II? \_\_\_ Yes \_\_\_ No
4. List the courses you will register for during Summer 2009.  
Summer I Summer II  
1. \_\_\_\_\_ 1. \_\_\_\_\_  
2. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 3. \_\_\_\_\_  
Semester Hours \_\_\_\_\_ Semester Hours \_\_\_\_\_

**Submit Completed Application Form to:**  
Dr. Earlyn Jordon, G. L. Butler Building, Office Suite 241