|  |  |  |
| --- | --- | --- |
|  |  |  |



**GCASE Scholarship Program**

**BETTY BLISS MEMORIAL SCHOLARSHIPS**

The Gulf Coast Administrators of Special Education (GCASE) offers scholarships as a memorial to Betty Bliss, a former Special Education Director. These scholarships are for individuals working toward a Special Education certification endorsement so that they may provide services to students in the public-school setting. The scholarships are to be awarded to special education staff, school staff, substitute teachers or individuals accepted into an Alternative Certification Program leading to a Special Education Endorsement (Generic, VI, AI, OT, PT, Speech, Assessment Personnel, etc.).

Scholarships are awarded in 2 different categories.

* The first category ($2,500) is for applicants who are currently working as paraprofessionals
* The second category ($2,000) is for applicants who are already degreed or currently in a professional position working toward certification.

The number of scholarships awarded will be determined by ranking of scores of the applications received. Alternates will be selected and awarded scholarships if recipients are unable to accept an award.

**JERRY VLASAK MEMORIAL SCHOLARSHIP**

This scholarship is for a current special education administrator working towards a doctorate or superintendent’s certification while working in the public-school setting. One $2,000 scholarship may be awarded annually.

**JOYE THORNE MEMORIAL SCHOLARSHIP**

This scholarship is for a degreed individual who is working towards a master’s degree in special education so that he or she may provide services to students with disabilities in the public-school setting. One $2,000 scholarship may be awarded annually.

All scholarships are reimbursement type scholarships. Recipients will be asked to submit receipts for tuition, books, or fees to the GCASE Treasurer for reimbursements of expenses made. Invoices, payment schedules or other documents outlining payment owed by the recipient are not adequate for reimbursement purposes. Reimbursement will not be approved for items such as office equipment, technology, projects, travel, or mileage.

The GCASE Scholarship Program will not reimburse recipients for expenses paid for by other sources such as Pell Grants or other sources of financial aid.

The scholarships will be available to be utilized from May 2023 to June 2024 (13 months). The scholarship recipients must continue to reside in the Greater Houston area during the 13 months term of the scholarship (May 1, 2023, to June 30, 2023).

If you wish to apply for a scholarship, please complete the application form and comply with all the requirements. Previous recipients are eligible to re-apply but cannot receive the scholarship more than twice.

Scholarship recipients will be selected on information submitted and not on a personal interview or personal recommendations. The applications will be rated from 0-3 points in the following categories:

1. Education (past, present, and future)
2. Experience working with children with or without disabilities
3. Special Skills
4. Basic Philosophy
5. Recommendations

**GCASE Scholarship Requirements**

1. Completed application. The application must be signed by the applicants supervising administrator (principal, assistant principal, special education director or supervisor/coordinator).
2. Statement by applicant (150 words or less) outlining your basic philosophy about education and students with disabilities.
3. Three (3) letters of recommendation; one each from a Special Education Director *or* administrative supervisor, a principal, and a Special Education Teacher. These must be attached to the application.
4. College transcript, if applicable, or SAT scores or others. (College transcript or test scores must be attached to application.) Any and all transcripts must be attached. These do not have to be originals and will not be returned.
5. You may include up to five certificates verifying your participation in staff development activities that have enhanced your skills in working with students with disabilities in the public school setting.
6. YOU MUST SUBMIT YOUR APPLICATION PACKET ELECTRONICALLY TO [info@gcasehouston.com](mailto:info@gcasehouston.com). Your application packet includes:
   1. The signed application
   2. Your basic philosophy statement
   3. All three letters or recommendation
   4. All of your transcripts (copies accepted)
   5. Up to five certificates verifying staff development participation
   6. Please do not include these instructions as part of your application packet.
7. Scholarship recipients must reside in Region 4 or Region 6 during the terms of the scholarship.
8. All information *must* be received by the deadline.

**IMPORTANT DATES**

|  |  |
| --- | --- |
| **March 22, 2023** | **Application and documents due** |
| **April 2023** | **Scholarship Committee will review applications** |
| **May 8, 2023** | **Scholarship Awards will be announced** |

|  |  |  |
| --- | --- | --- |
| **GCASE blk HZ** | **GCASE Scholarship Program**  **APPLICATION** | |
| **** | Betty Bliss Scholarship |
| **** | Jerry Vlasak Scholarship |
| **** | Joye Thorne Scholarship |
| *Please check which scholarship you are seeking!* | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name**:** | |  | | | | | | | | | | | |  | District: | | | | |  | | | | | | |
| Mailing  Address: | | | | (Street) | | | | |  | | | | |  | (City, State, Zip) | | | | | |  | | | | | |
| Telephone: | | | | | (Home/Cell) | | | |  | | | | |  | (Work) | | |  | | | | | | | | |
| Email address: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| EDUCATION | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. | High School: | | | | | | |  | | | | Year: | |  | | | | | Class Rank: | | | |  | GPA: | |  |
| 2. | Have you recently been admitted to a college or university? | | | | | | | | | | | | | | | YES: | | | |  | | NO: | | |  | |
|  |  | | If YES, name of college or university: | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  | | Number of hours completed: | | | | | | | Undergraduate: | | |  | | | | Graduate: | | | | | |  | | | |
|  |  | | What is your GPA? | | | | | | | Undergraduate: | | |  | | | | Graduate: | | | | | |  | | | |

NOTE: Attach a copy of all transcripts, academic achievement record, SAT or ACT scores, and etc.

3. What is your intended major/minor/specialization area?

**EXPERIENCE**

4. What is your present position? Full time or Part Time (Check One)

\_\_\_\_\_ Paraprofessional (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Professional (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** How many years of school experience do you have working with students? Total \_\_\_\_\_\_\_\_\_\_\_

Students with disabilities \_\_\_\_\_\_\_\_\_\_ Students without disabilities \_\_\_\_\_\_\_\_\_\_\_

6. List your work experience with students with disabilities.

|  |
| --- |
|  |
|  |
|  |

7. List your work experience with students without disabilities.

|  |
| --- |
|  |
|  |
|  |

8. List your work experience outside of the school setting.

|  |
| --- |
|  |
|  |
|  |

9. List any specialized skills that you may have that required additional training. (Sign Language, Braille, Bilingual, Specialized Training, etc.)

|  |
| --- |
|  |
|  |
|  |

**10. Please complete the following information for those individuals that will be providing letters of recommendation.**

**Special Education Director** OR **Supervisor**- Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work Phone No.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal** - Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work Phone No.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Education Teacher** - Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work Phone No.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Attach a letter of recommendation from each person that is listed above.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant’s Signature  **REQUIRED** |  | Supervising Administrator’s Signature  **REQUIRED** |
| Supervising Administrator’s Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **REQUIRED** |

12. Statement by applicant (150 words or less), state your philosophy about education and students with disabilities.