



**JUDITH HERB COLLEGE OF EDUCATION  
APPLICATION FORM FOR  
SUMMER SCHOLARSHIP FOR TEACHERS**

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER OR ROCKET ID NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Are you currently a graduate student at The University of Toledo?      Yes      No

If yes, what degree program are you enrolled in?: \_\_\_\_\_

If yes, how many graduate courses have you enrolled in? \_\_\_\_\_

*Please read the statement below and sign to indicate your agreement. Please also have your building principal sign below to verify your employment as a teacher.*

IF AWARDED THIS SCHOLARSHIP, I AGREE TO REGISTER FOR NINE (9) OR MORE SEMESTER HOURS OF GRADUATE COURSEWORK THIS SUMMER (MAY 18 – AUGUST 7) TO RECEIVE A 33 % DISCOUNT ON MY TUITION. I UNDERSTAND THAT I WILL STILL BE RESPONSIBLE FOR THE COST OF GENERAL AND OTHER FEES (E.G., TECHNOLOGY FEE) AS WELL AS THE COST OF BOOKS AND COURSE-RELATED EXPENSES.

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Signature of applicant

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Signature of Building Principal - signature required

Date

This signature verifies employment of applicant as a TEACHER for 08/09 school year.

**THIS FORM MUST BE RECEIVED BY DAVID WALCZAK BY May 11, 2009  
TO QUALIFY FOR THIS SCHOLARSHIP**

**Mail to: University of Toledo, David Walczak Mail Stop 914,  
2801 W. Bancroft, Toledo, OH 43606**

**Or FAX to David Walczak at 419-530-7719**

**Questions: email [david.walczak@utoledo.edu](mailto:david.walczak@utoledo.edu)**