SCHOLARSHIP SUMMARY

- **Recipients:** 2 graduate students – one on behalf of Dorothea Seegler, one on behalf of Mildred Seegler

- **Scholarship Recipients Receive $7,000 annual scholarship:** half received at the beginning of the fall semester and half at the beginning of the spring semester.

- Scholarships are deposited into recipient's student account to be applied toward attendance costs.

REQUIREMENTS

To be eligible for the Dorothea and Mildred Seegler Endowed Scholarships Fund, a candidate must:

- Be enrolled as a part-time or full-time student at SUNY Buffalo State for fall 2014

- Complete the 2014-2015 Free Application for Federal Student Aid (FAFSA)

- Maintain academic performance of cumulative GPA of 3.0 or higher

- Complete and submit the scholarship application (page 2-3)

- List 3 references who can attest to your academic and or personal commitment to the field of exceptional education (page 3)

- Provide a personal essay (details on page 2)

If you have questions regarding the award application or review process, please feel free to email Dr. Awilda Zagarrigo at ramosza@buffalostate.edu or Dr. Kathy Doody at doodykr@buffalostate.edu

SUBMISSION DEADLINE: September 22, 2014

Completed, typed award applications are due on or before Monday, September 22, 2014 via email to exedawards@buffalostate.edu. Applications missing any piece of information and/or not received by email by the due date may not be reviewed.
PERSONAL INFORMATION

Applicant Name: ____________________________  Banner ID: __________________

Last  First  MI

Home Address: ____________________________________________________________

Street  City  State  Zip Code

Local Address: ____________________________________________________________

Street  City  State  Zip Code

E-mail: ____________________________  Home Phone: ____________________________  Local Phone: ____________________________

COLLEGE INFORMATION

Major: ____________________________  GPA: ____________________________ (end of Spring 2014)

PERSONAL ESSAY

On a separate sheet of paper describe your interest in SUNY Buffalo State and pursuing a degree in Exceptional Education by answering the following questions. Note: Your answers to the questions should total at least 500 words. The selection committee will take the depth and quality of your writing into consideration.

1. How important it is to you to be in a teacher preparation program for working with students with disabilities?
2. What is your philosophy of education for students with disabilities?
3. Describe any community based initiatives (tutoring, respite care, after school programs, etc) to serve students with special needs that you have been involved in. These can include activities or coursework at Buffalo State that have enhanced your ability to teach students with special needs.
4. Discuss evidence of your commitment to Buffalo State through participation in student organizations, professional organizations, participations in presentations, or programs affiliated with Buffalo State.
5. In which field of Exceptional Education do you intend to work and what specific interests do you have in this field?
6. Is there any particular project or goal in Exceptional Education that you would like to accomplish as a student at Buffalo State?
7. Discuss a significant work in Exceptional Education that has shaped and strengthened your interest.
8. What particular strengths do you bring to your studies that give you confidence you will do well in Exceptional Education?
9. Have you thought about what you'd like to do after graduation? If so, briefly describe your current ideas.
REFERENCES

Submit names of at least three people who can attest to your commitment to special education. References can be individuals who supervised your volunteer or paid experiences and must include one faculty member from within the Buffalo State Exceptional Education Department (cannot be a member of the awards committee).

1)

Name

Email

2)

Name

Email

3)

Name

Email

APPLICANT CERTIFICATION

By signing below, I certify that I am an eligible applicant for the Dorothea and Mildred Seegler Endowed Scholarship Fund and that I am fully aware of all of the requirements. If selected, I understand that:

• I am required to submit a letter of acknowledgment (thank you note) before the scholarship will be disbursed.
• The scholarship will be deposited directly to my student account to be applied toward my direct costs.

Signature ___________________________ Date _____________
Print Name ___________________________