WEST CENTRAL AREA LOCAL ADMINISTRATORS OF SPECIAL EDUCATION SCHOLARSHIP APPLICATION

I hereby make application for the scholarship offered by the West Central Area Local Administrators of Special Education hereafter referred to as LASE.

SECTION 1: (PLEASE PRINT):

Name:						
Last		First			Middle	
Home Address:		C:L.			Zip	
Street	•	City			Ziħ	
Date of Birth:		Male	Female			
Full Name of Parent/Guardian:						
Address of Parent/Guardian:						
	Street	City		Zip		
Father's Occupation:						
Mother's Occupation:						.,
Number of brothers and sisters o ************ SECTION 2: List the high schools you have a					****	****
School	I T	ocation			From	То
What high school honors have y	ou received?					
List extra-curricular activities ar	nd any offices hel	d:				
Listenson						
What work experience have you	had?					
What are your hobbies, interests	s, recreational act	ivities?				
What out-of-school activities ha	ve you participat	ted in (i.e. sco	outs, church, etc.))?		,

Date you expect to enter	Do you	plan to commute?	Yes No
f no, where do you plan to live	e?		
EXPENSES		RESOURCE	ES
	Scholars	vings	
SECTION 4: In the space provided, write a Special Education. In your pa	Total ***********************************	notivation for enterinal Education you are	ng the field of e planning to ent
e. Teacher, Speech Therapy,	Occupational Therapy, Thysical Two-tapy,		
	*********		****
**************************************	********	******	
**************************************	**************************************	******	
**************************************	**************************************	**************************************	seniors.
**************************************	**************************************	******	