

Updated 2020

This image shows a single page of white paper with ten evenly spaced horizontal black lines, typical of notebook or primary writing paper. The lines run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.

Recent Education Advocacy Experience (including for your child or other children):

Where you referred by an agency or nonprofit group? ☐ Yes ☐ No
Agency Reference _____ Phone _____

What can you pay per \$285.00 course? \$ _____
Payment amount is determined by committee. NSEAI DOES NOT GIVE FULL SCHOLARSHIPS.

My Education Level: ☐ High School ☐ College ☐ Masters ☐ PHD ☐ Licensed Professional _____

Previous Education Advocacy Education (conferences, seminars, trainings) _____

Professional Affiliations _____

Professional Advocacy Experience (work, committees, honors, papers written)

A REFERENCE: _____ Phone: _____

RULES

Applications are evaluated by the Scholarship Committee.

By signing this application, you agree to fulfill the following requirements if awarded:

- I will complete the 12 class series, with an intent to apply for board certification.
- Makeup classes and makeup exams are not included in the scholarship and are paid at full price .
- I will actively and appropriately participate in the courses (homework and evaluation feedback).
- I will follow faculty instructions and I agree to the webinar policy at NSEAI.org.
- Exams and course work must be completed in 1 year
- There is a 65% minimum instructional video class attendance required.
- Scholarship application does not reserve your space.
12 class series registration is required and payments must be received on a timely basis.
- Scholarship amounts awarded are confidential and processed based on date received.
- Lack of compliance with the above will result in an immediate withdrawal of the scholarship.
- I understand that the scholarship is at the sole discretion of NSEAI and may be withdrawn at any time with or without cause.
- I agree to give back to the community, by assisting someone else with their education advocacy needs, or volunteering with NSEAI after the completion of the courses.

Signed: _____ Date _____

EMAIL _____ PHONE _____

Mail Application to: NSEAI Scholarship Committee, 303 West Lancaster Avenue, #247, Wayne PA 19087

or Email to: info@nseai.org Subject: Scholarship Committee / Application

Add an extra page if needed to explain any item.