MIAMI UNIVERSITY

2018-2019 Application
(for Ohio residents only)

Teacher Education Access at Miami Scholarship

To take graduate level classes you must be accepted for admission to the Graduate School and receive a Banner ID# (See http://www/MiamiOH.edu/graduate)

Name_____ Banner ID + _____

Home Address_____ City_____ OH Zip _____

Phone Number (____)_____ Email*_____

School Name_____ District_____

Current Ohio Teaching Position _____ Grade Level _____

Intended course numbers (e.g., EDT 600) _____

*Correspondence regarding the TEAM Scholarship will be communicated to you through the e-mail address listed above.

Applicants must submit copies of their current teaching contract with their school district and valid teaching license or certificate. Late/incomplete applications may be denied. Please allow 2-3 weeks for processing.

Applications are good for ONE academic year – fall through summer sessions. **Applications must be received five days prior to your first day of enrollment. There are no exceptions to this deadline.**

Check all boxes below that apply:

Semester and year for coursework:

☐Fall 2018 ☐Winter 2019 ☐Spring 2019 ☐Summer 2019

☐ I am a resident of the state of Ohio and my school district I am employed in is in the state of Ohio.

☐ I am a full-time teacher or administrator of the district for the 2018-2019 school year (excludes substitute teachers—unless you have a full-year contract) and I have attached a copy of my current contract.

☐ I have previously earned a Bachelor's degree from _____ on _____.
(school) (date)

☐ I hold a provisional (resident educator) or professional license issued by the state of Ohio and I have attached a copy of my license or certificate.

☐ My course(s) and/or workshop(s) are part of my approved professional development plan.

☐ I have received a TEAM scholarship in the past.

By signing below, I verify that I meet the scholarship eligibility criteria. I understand that this application does not guarantee that I will qualify for this scholarship. I may be contacted for additional information for clarification.

Applicant Signature (Required): _____ Date:_____

NOTE: Students enrolled in the following programs are not eligible for the TEAM Scholarship:

-Criminal Justice
-Educational Psychology International Cooperative Program (EPIC)
-Graduate Certificate in Analytics
-Low Residency MFA in Creative Writing
-Professional MBA Program
-Project Dragonfly (MAT in Biological Sciences; MA in Biology with AIP or GFP tracks)
-Ohio Writing Project

For office use only:

TMAPPL1819

MAIL APPLICATION TO:
One Stop
301 S. Campus Avenue
Oxford, Ohio 45056

Or Fax:
(513) 529-8713
Or E-mail:
OneStop@MiamiOH.edu

For more information:
(513) 529-0001