

APPLICATION DEADLINE: Postmarked by: September 24

Contact Information

First Name _____ Last Name _____

Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Parent's Phone Number _____ Parent's Email (required) _____

Student's Email _____

High School Information

High School Name _____ High School Address _____

High School City _____ High School State _____

High School Zip Code _____ High School Phone _____

Class Rank _____ SAT or ACT Score _____

Planned Major in College _____

College Information

List the college or universities to which you have applied or been accepted into the teacher preparation program. Please indicate the institutions at which acceptance has been granted by placing the word "ACCEPTED" in parenthesis next to the appropriate College/University. For example: Delaware State University (ACCEPTED)

List each college/university on a separate line

Supporting Material to Accompany the Application

(INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED):

1. Submit this completed application form (by clicking on "Submit" button below).
2. Mail the following documents to: SHAPE DELAWARE Awards Committee Chair, PO Box 1639, Dover DE 19903
 - a. TWO letters of recommendation as indicated on the criteria sheet.

- b. Student supporting letter.
- c. An OFFICIAL high school transcript.

Questions regarding this form? E-mail: president@shapedelaware.org

To Submit Your Form to SHAPE DELAWARE

Submit completed form, along with **all** of the required documentation, and mail as a packet to: SHAPE DELAWARE at PO Box 1639 Dover, DE, post marked by September 24.