

APPLICATION FOR GARY M. CLARK AWARD IN SECONDARY SPECIAL EDUCATION

1. Name _____ Student ID# _____

Classification (circle): Junior Senior Masters Doctoral

Home Address _____

Home Phone _____

Email Address _____

Address to which communications regarding your application should be sent (if different from above): _____ Phone _____

2. Cumulative grade point average _____ Number of hours completed _____
(Include current courses)

3. On a separate page please indicate your commitment to working with adolescents or adults with disabilities and how this commitment developed.

4. Briefly describe volunteer and/or paid experiences you have had working with adolescents or adults with disabilities.

5. Briefly summarize your need for financial assistance. Include other financial assistance you will be receiving during the same time period.

6. References that could be contacted. Include at least two names. (Obtain their permission to contact.) Name Position Email Address Phone #

**Return to: Department of Special Education
Gary M. Clark Award University of Northern
Iowa Cedar Falls, IA 50614-0601**

Deadline: February 15, 2010