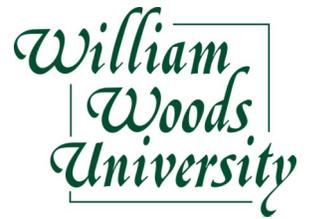




**RURAL EDUCATIONAL
INTERPRETERS
SKILL ENHANCEMENT TRAINING
Scholarship Application**



(July 7-18, 2014)

(Interpreter Full Name)

(Street Address)

(City) (State) (zip) (County)

(Primary Phone Number)

(Secondary Phone Number)

(E-mail Address)

MICS Certification (if any): _____

Which of the following best summarizes your certification and/or employment status? (You may mark more than one):

- I currently hold a Provisional Certificate in Education (PCED).
- I currently hold a Restricted Certificate in Education (RCED).
- My Provisional Certificate in Education expires/expired on _____.
- I currently work as an interpreter at _____ School District.
- I currently work as an paraprofessional/teacher at _____ School District.
- I would like to work in education, but do not hold qualifying certification (ie: PCED, RCED, or Intermediate).

Additional Comments:



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(Interpreter Full Name)

1. If you are currently a working interpreter, what grade levels do you work in?
2. How long have you been an interpreter for a public school?
3. What do you hope to accomplish after the completion of the offered training?
4. Do you feel this training will be beneficial to your long term future? In what ways?
5. If currently not employed as an educational interpreter, what are your future career goals?

AGREEMENT

You must be a Missouri resident to participate. This application is required to be completed and returned to the MCDHH office no later than May 10th, 2014. In the case of a need for cancelation, you must contact MCDHH prior to June 1st, 2014.

(Applicant Signature)

(Date)

Fax applications to (573) 526-5209 or e-mail it to Peggy.Withrow@mcdhh.mo.gov