Application For

The Dr. James H. McElhinney Annual Scholarship BALL STATE UNIVERSITY

Adult and Community Education Program

DEADLINE FOR APPLICATION IS $April\ 1$, 2024

I. Application Form

Name			
Last	First	Middle	Maiden
BSU ID #			
Current Address			
City	_ State	Zip Code	
Phone ()			
Educational History			
College/University	Major	Duration	Degree

Employment History		Page 2
Employer	Position	Dates Employed
,		
I. Attach the following by your application.	rief (less than five dou	ble-spaced pages) narratives to
1. Please explain why you McElhinney Scholarship		eive the Dr . James H .
2. Write a narrative detailing in your career.	ng your formal education	onal experience up to this point
3. Describe your previous your professional plans fo	-	es and achievements and share

III. Additional Requirements

- 1. Copy of transcripts from all colleges/universities attended or most recent transcripts from graduate school experience.
- 2. Two letters of recommendations must be provided.
- 3. The application and attached narratives, transcripts, and letters of recommendation should be mailed directly to: **dsharris@bsu.edu**

or

Chairperson, Dr. James H. McElhinney Scholarship Department of Educational Studies Teachers College, Room 805 Ball State University Muncie, IN 47306

4. Scholarship applicants will be notified by April 8, 2024 of the decision regarding their application.