

**ER&D COURSE SCHOLARSHIP APPLICATION**

**For BCEA Members**

**NAME** \_\_\_\_\_

**POSITION** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**TEACHER WORKING WITH** \_\_\_\_\_

**WORK PHONE NUMBER** \_\_\_\_\_

**HOME PHONE NUMBER** \_\_\_\_\_

**ER&D COURSE** \_\_\_\_\_

**DATE COURSE BEGINS** \_\_\_\_\_

**Describe how this course will help you in your current position.**

**How will it impact you and enable you to provide better support to students?**

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Scholarship recipients will receive all class materials and are expected to participate in all aspects of the class. This includes attending all class sessions, completing reading and written assignments and participating in class discussions. By applying for this scholarship the applicant agrees to meet the expectation of participation described.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return this application to the BEA Office via interschool mail or mail to:

BEA  
510 N. 29<sup>th</sup> St.  
Billings, MT 59101

Due two weeks prior to the date the class begins.

*This scholarship is provided by an ER&D Grant from MEA-MFT/AFT and School District #2*