Title V PPOHA Program Scholarship Application

Thank you for your interest in the University of St. Thomas (UST) Promoting Postbaccalaurate Opportunities for Hispanic Americans (PPOHA) Program. Please carefully read the requirements and instructions before applying.

Requirements

- Candidates are accepted into the University of St. Thomas graduate program.
- Students must be eligible to receive scholarship under FAFSA.

Instructions

- Submit the application to the University of St. Thomas School of Education Graduate Program.
- Submit the Title V PPOHA Scholarship Application as soon as you know you want to be considered for this program.
- Submit a FAFSA application (http://www.fafsa.gov)

  - All responses must be typed.
  - Please do not staple any part of the application and print on only one side of the paper.

Completed Title V PPOHA Scholarship Application must include:

- Answer to Questionnaire (should be double spaced, one inch margins, 12 point font).

Students who wish to be considered for a scholarship under the Title V PPOHA program must be admitted into the University of St. Thomas Graduate School of Education and qualify under FAFSA. Scholarship applications are reviewed each year and are not renewable.

Title V PPOHA Scholarship Application should be addressed to:

Olga Starostina
University of St. Thomas, School of Education
3800 Montrose Boulevard
Houston, Texas 77006
staroso@stthom.edu

TITLE V PPOHA PROGRAM SCHOLARSHIP APPLICATION FORM

Please type or print. All questions must be answered before application can be processed.

APPLYING FOR □Fall □Spring Year _____
□Full-time □Part-time

APPLICANT NAME □Mr. □Ms. □Other_____

_____ _____ _____
Last Name *First Name* *Middle Name*

CURRENT MAILING ADDRESS – Number and Street or Box and Route

_____ *County* _____

_____ _____ _____ _____
City *State* *Zip Code* *Country*

PERMANENT ADDRESS - Number and Street or Box and Route (If different from above.)

_____

TELEPHONE (home)_____(office) _____ **E-MAIL** _____

SEX □Male □Female

CITIZENSHIP STATUS □U.S. Citizen □Permanent Resident □International Student

NOTE: **Information regarding race, ethnicity or religion is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.**
ETHNIC BACKGROUND

Select all that apply: □Hispanic □Latino □American Indian/Alaskan Native □Asian □Black or African American □ Native Hawaiian or Other Pacific Islander □International or foreign □White

QUESTIONNAIRE

Please type responses on separate sheets of paper, one side only. Responses should be double-spaced, one inch margins and 12 point font.

Please select the questions according to the area of specialization you are interested in

EDUCATIONAL LEADERSHIP

1. In your opinion what are the needs and/or concerns related to administering programs for students from culturally and/or linguistically diverse populations.

2. Why do you want a position in leadership in a school with a multicultural student population? Describe your commitment to this population and the factors we should consider when evaluating your application.

SPECIAL EDUCATION

1. Describe your needs and/or concerns related to teaching students with disabilities from culturally and/or linguistically diverse backgrounds.

2. Why do you want to specialize in special education? Describe your commitment to this population and the factors we should consider when evaluating your application.

DUAL LANGUAGE

1. Describe your needs and/or concerns related to teaching students from culturally and/or linguistically diverse backgrounds.

2. Why do you want to specialize in dual language education? Describe your commitment to this population and the factors we should consider when evaluating your application.

STATEMENT OF ACCURACY

I certify that the information contained in this application for admission is true and correct. I understand that misrepresentation or omission of information may result in dismissal or loss of credit. Should any of the information change prior to my acceptance I will immediately notify the Graduate Office of Admissions.

Signature of Applicant _____ Date _____

The University of St. Thomas provides equal educational opportunities without regard to race, religion, sex, age, disability, or ethnic origin.