

**2024 Application Dr. Landis M Stetler**

**Exceptional Leadership Scholarship**

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**Applicant**

Name: Email:



Address: City:



State: Zip code:



Phone:



**University / Degree**

Name of University:



Current Class/Program Status:



Major:



Degree to be awarded at completion of current program:



Projected graduation/completion date:



I plan to teach or work in an ESE position in a Florida school district.

By signing, you agree to teach or work in an ESE position in a Florida school district.

Sign by typing your full name here:



***\*\*Scholarship funds will be provided to the recipient when an expenditure receipt has been received that reflects monies spent to support their educational endeavor. Email receipts to Cathy Dofka, Treasurer at 33basketcase@gmail.com \*\****

**Please provide responses to the following items:**

1) Experience working with students with exceptionalities.

2) Experience/leadership role with organizations related to exceptional education such as the Council for Exceptional Children (CEC).

3) Reason for choosing the exceptional student education field.

4) Reason for seeking the scholarship.

Submit your application along with your two (2) letters of reference to [melanie.sanders@myoneclay.net](mailto:melanie.sanders@myoneclay.net) no later than **Friday, November 17, 2023.**Bottom of Form