

Application
For a Scholarship given by
the Office for Catholic Schools,
Diocese of Springfield in Illinois
for coursework directed at an
Advanced Degree in School Administration
and/or
State Licensure

CRITERIA FOR APPLICATION:

1. To be eligible for consideration, an applicant must abide by the following:
 - a) Be a practicing Catholic. Since this scholarship was created for the purpose of attracting those who wish to be principals in our Catholic schools in the diocese, the applicant must be a Catholic. Diocese of Springfield in Illinois *The Handbook of Policies from Book 3: The Teaching Office of the Church* Policy #108.2.1 specifies that a principal must be a practicing Catholic.
 - b) Be enrolled in a school administration master's degree program leading to Illinois state licensure for school administration and/or be enrolled in an accredited university teacher education program which would allow for the pursuit of a teaching license in the state of Illinois.
 - c) Currently be teaching in a Catholic school in the Diocese of Springfield in Illinois or currently be a principal in a Catholic school in the Diocese of Springfield in Illinois.
 - d) Must be working towards an administrative degree in education and/or working towards licensure for school administration, all in a timely manner (no more than 5 years). Or must already possess a bachelor's degree and pursuing a degree in teacher education, working toward a state teaching license.
 - e) Maintain grade requirements (A and/or B work).
 - f) Have conducted him/herself in a manner which has brought credit to himself/herself, the school, the Catholic Church and the ideals and objectives of Catholic school education.
 - g) Agree to stay in Catholic school education in the Diocese of Springfield in Illinois for five years after the completion of the degree / certification or pay back the entire amount of the scholarship to the diocese.

2. After satisfying the above requirements, consideration shall be given to the positive comments of the principal of the school in which the applicant is currently teaching or of the pastor/board chairperson as appropriate.
3. Consideration will also be given to the person's participation in school activities.
4. Scholarship monies will not be more than a maximum of \$1,500 per year per person for a maximum of 4 years (or could be done as a maximum of \$1,200 per year per person over 5 years). One half will be paid up front each year to the university/college. The rest will be paid upon proof of successful completion of coursework.
5. The diocese has the right to limit the number of scholarships awarded due to available funds.
6. In keeping with the purpose of attracting and training highly qualified individuals to serve as principals/educators at Catholic elementary and high schools in the Diocese of Springfield in Illinois, the award scholarship will be made without regard to irrelevant factors such as race, color, sex, national or ethnic origin, age, or disability (except to the extent that such disability could interfere in the programs of study or could preclude employment as a principal).

APPLICATION PROCESS:

1. There are three sections of the Scholarship Application that need to be turned in:
 - Section I:** An application to be completed and signed by the applicant and signed by the principal of the school in which the teacher teaches or by the pastor/board chairperson as appropriate.
 - Section II:** A recommendation to be completed by the principal/pastor/board chairperson, as appropriate, outlining the person's involvement in school activities.
 - Section III:** Applicant's essay.
2. Copies of current teaching certificates must accompany the scholarship application. Applications submitted without the teaching certificates are ineligible for those pursuing a master's program in administrative leadership.
3. Transcripts should be submitted along with all applications submitted.
4. The applicant is responsible for collecting all transcripts, copies of teaching certificates and the completion of the application.

5. Applicant is responsible for the completion of all sections of the application and must mail completed application and other required materials in the same packet to:
- Office for Catholic Schools
 - Diocese of Springfield in Illinois
 - 1615 West Washington Street
 - Springfield, Illinois 62702

 - Attn: Application for Scholarship

Notes:

1. Scholarship is for no more than \$1,500 per year (for 4 years) per student working toward administrative degree/IL state administrative licensure or pursuing a degree in teacher education. (This could be modified to \$1,200 per year for 5 years or \$2000 per year for 3 years). One half will be paid up front each year to the university/college. The rest will be paid upon proof of successful completion of coursework.
2. Only typed or printed copies of this application will be accepted.
3. All pages of the application must be signed by the appropriate persons.
4. Each year the applicant must send his/her updated address/e-mail to the Office for Catholic Schools, along with verification that they attempted to obtain a position as principal in a Catholic school in the Diocese of Springfield in Illinois.
5. Entire program must be completed within **5** years of student starting coursework.

QUESTIONS? CONTACT:

By mail:

Brandi Borries
Superintendent of Catholic Schools
Catholic Pastoral Center
1615 West Washington Street
Springfield, IL 62702
217-698-8500 ext. 160
bborries@dio.org

Or

Lori Casson
Secretary for Schools' Office
1-217-698-8500 ext. 147
lcasson@dio.org

**ALL APPLICANTS WILL BE NOTIFIED
OF THE DECISION WITHIN **FOUR WEEKS**
OF THE RECEIPT OF THE APPLICATION.**

**SCHOLARSHIP APPLICATION
CHECKLIST**

- _____1. All information on the application (except signatures) is typed or printed.**
- _____2. Section I (Scholarship Application) completed by applicant and signed at the bottom.**
- _____3. Section II (Principal/Pastor/President/Board Chairperson Recommendation) completed and signed at the bottom.**
- _____4. Section III (Applicant's Essay) signed and dated by the applicant.**
- _____5. Copy of transcripts**
- _____6. Copy of updated teaching certificate**
- _____6. Understanding that you must be currently teaching or be principal in a Catholic school in the diocese of Springfield in Illinois.**
- _____7. Understanding that you must remain in Catholic school education in the Diocese of Springfield in Illinois for at least five years or the scholarship will have to be paid back.**
- _____8. Understanding that page 8 must be sent in as appropriate (for sure after completion of degree; before as applicable).**
- _____9. Understanding that page 9-14 must be completed/updated each year during the duration of the scholarship and five years after.**

2019-2020
Office for Catholic Schools
Diocese of Springfield in Illinois
Scholarship Application

(School Administration Master's Degree/IL School Administration Licensure)

SECTION I: GENERAL INFORMATION (To be completed by applicant and typed or printed)

Date of application: _____

School Year Applicant began/begins the program: _____

Name _____

Religion: _____

School where currently teaching/principal: _____

City where school is located: _____

Grade Level/Subject where teaching (if applicable): _____

College or University attending: _____

Applicant's Address (street/city/zip code) for year-round correspondence:

E-Mail address: _____

Phone number: _____

Overall Cumulative Undergraduate Grade Point Average: _____

Overall Cumulative Graduate Grade Point Average: _____

School Activities in which you have been involved: _____

Affirmations: Mark “yes” or “no” for each AND initial each:

Do you agree to remain in Catholic school education in the Diocese of Springfield in Illinois, actively seeking employment as an administrator/teacher, for the five years upon completion of this degree and licensure? _____

If I do not remain in Catholic school education in the Diocese of Springfield in Illinois for at least five years, I understand that I will need to repay the scholarship amount. _____

If a scholarship is received, the applicant is expected to update his/her address / e-mail / phone contact information with the Office for Catholic Schools every year while working on the degree and five years after. Do you agree to update your address / e-mail / phone contact information every year for that period of time? _____

It is understood that if I do not continue to conduct myself in a manner which will bring credit to myself, the school, the Catholic Church and the ideals and objectives of Catholic school education, I will be required to repay the amount of scholarship monies received. Do you understand and agree with this? _____

It is understood that falsification of data or any misleading information will be grounds for not awarding a scholarship and I will agree to repay any scholarship monies received which may be awarded based on any materially false or misleading information. Do you understand and agree with this? _____

Signature of applicant:

Date: _____

Principal’s/Pastor’s/President’s/Chairperson’s of Board Signature:

Date: _____

**SECTION II: PRINCIPAL/PASTOR/PRESIDENT/CHAIRPERSON OF BOARD
(Where applicable) RECOMMENDATION**

MUST BE TYPED OR PRINTED

APPLICANT'S NAME: _____

In the space below, please make a statement in support of the applicant. Please comment on the following areas as appropriate: Initiative, acceptance of responsibility, leadership, communication skills, dedication to Catholic education and the values/beliefs of the Catholic Church, the fact that he/she has conducted him/herself in a manner which has brought credit to him/herself, the school, the Catholic Church and the ideals and objectives of Catholic school education, and the financial need for a scholarship of the person.

Principal's/Pastor's/President's/Chairperson's of Board Signature _____

Date: _____

SECTION III: APPLICANT'S ESSAY

MUST BE TYPED OR PRINTED

This space may be used to give a statement concerning your philosophy of Catholic Education and verifying that you have conducted yourself in a manner which has brought credit to you, the school, the Catholic Church and the ideals and objectives of Catholic school education and verifying that financial assistance in the form of a scholarship is needed. If desired, a typed essay detailing the stated requirements may be attached in lieu of completing this page.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

NOTE:
The documents below are to be submitted to the Office for Catholic Schools, Diocese of Springfield in Illinois when the applicant has either been hired as a principal/teacher.

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VERIFICATION OF POSITION AS PRINCIPAL IN A CATHOLIC SCHOOL:

(To be completed by the pastor/board chairperson where applicable.)

Signature of Pastor/Chairperson of Board (if applicable): _____

Date: _____

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(Please copy as many times as necessary):

MUST BE TYPED OR PRINTED

(To be completed by the pastor/chairperson of the search committee and returned to the Superintendent of Catholic Schools, Office for Catholic Schools, Diocese of Springfield in Illinois.)

VERIFICATION OF ATTEMPT TO OBTAIN CATHOLIC SCHOOL PRINCIPAL POSITION:

DATE:

NAME OF APPLICANT: _____

has applied for the position of principal at _____ School
in _____ City.

Signature of Pastor/Chairperson of Search Committee Signature: _____

NOTE:
The documents below are to be submitted to the Office for Catholic Schools, Diocese of Springfield in Illinois for the annual updates.

ANNUAL ADDRESS/PROGRESS UPDATE:

Please use this sheet to update your address/e-mail each year in August.
MUST BE TYPED OR PRINTED (MAXIMUM 5 YEARS OF SCHOLARSHIP)

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School Year I: SCHOLARSHIP INFORMATION

SCHOOL YEAR OF SCHOLARSHIP: _____

NAME OF SCHOLARSHIP APPLICANT: _____

SIGNATURE OF APPLICANT: _____

ADDRESS OF SCHOLARSHIP APPLICANT: _____

E-MAIL OF SCHOLARSHIP APPLICANT: _____

Copy of transcripts for all coursework must be attached

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School Year II: SCHOLARSHIP INFORMATION

SCHOOL YEAR OF SCHOLARSHIP: _____

NAME OF SCHOLARSHIP APPLICANT: _____

SIGNATURE OF APPLICANT: _____

ADDRESS OF SCHOLARSHIP APPLICANT: _____

E-MAIL OF SCHOLARSHIP APPLICANT: _____

Copy of transcripts for all coursework must be attached

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Continued on next page

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School Year III: SCHOLARSHIP INFORMATION

SCHOOL YEAR OF SCHOLARSHIP: _____

NAME OF SCHOLARSHIP APPLICANT: _____

SIGNATURE OF APPLICANT: _____

ADDRESS OF SCHOLARSHIP APPLICANT: _____

E-MAIL OF SCHOLARSHIP APPLICANT: _____

Copy of transcripts for all coursework must be attached

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School Year IV: SCHOLARSHIP INFORMATION

SCHOOL YEAR OF SCHOLARSHIP: _____

NAME OF SCHOLARSHIP APPLICANT: _____

SIGNATURE OF APPLICANT: _____

ADDRESS OF SCHOLARSHIP APPLICANT: _____

E-MAIL OF SCHOLARSHIP APPLICANT: _____

Copy of transcripts for all coursework must be attached

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School Year V: SCHOLARSHIP INFORMATION

SCHOOL YEAR OF SCHOLARSHIP: _____

NAME OF SCHOLARSHIP APPLICANT: _____

SIGNATURE OF APPLICANT: _____

ADDRESS OF SCHOLARSHIP APPLICANT: _____

E-MAIL OF SCHOLARSHIP APPLICANT: _____

Copy of transcripts for all coursework must be attached

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ANNUAL FOLLOW-UP AFTER DEGREE COMPLETION:

Must be typed or printed.

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School Year I after degree completion: SCHOLARSHIP Follow-up

SCHOOL YEAR: _____ **NAME OF GRADUATE:** _____

SIGNATURE: _____

ADDRESS OF SCHOLARSHIP APPLICANT: _____

E-MAIL OF SCHOLARSHIP APPLICANT: _____

Catholic School graduate is working in:

Proof of seeking principal ship:

(Attach supporting copies)

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School Year II after degree completion: SCHOLARSHIP Follow-up

SCHOOL YEAR: _____ **NAME OF GRADUATE:** _____

SIGNATURE: _____

ADDRESS OF SCHOLARSHIP APPLICANT: _____

E-MAIL OF SCHOLARSHIP APPLICANT: _____

Catholic School graduate is working in:

Proof of seeking principal ship:

(Attach supporting copies)

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School Year III after degree completion: SCHOLARSHIP Follow-up

SCHOOL YEAR: _____ **NAME OF GRADUATE:** _____

SIGNATURE: _____

ADDRESS OF SCHOLARSHIP APPLICANT: _____

E-MAIL OF SCHOLARSHIP APPLICANT: _____

Catholic School graduate is working in:

Proof of seeking principal ship:

(Attach supporting copies)

=====

School Year IV after degree completion: SCHOLARSHIP Follow-up

SCHOOL YEAR: _____ **NAME OF GRADUATE:** _____

SIGNATURE: _____

ADDRESS OF SCHOLARSHIP APPLICANT: _____

E-MAIL OF SCHOLARSHIP APPLICANT: _____

Catholic School graduate is working in:

Proof of seeking principal ship:

(Attach supporting copies)

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School Year V after degree completion: SCHOLARSHIP Follow-up

SCHOOL YEAR: _____ **NAME OF GRADUATE:** _____

SIGNATURE: _____

ADDRESS OF SCHOLARSHIP APPLICANT: _____

E-MAIL OF SCHOLARSHIP APPLICANT: _____

Catholic School graduate is working in:

Proof of seeking principal ship:

(Attach supporting copies)

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