Application for Master's Degree Program in Adapted Physical Education (APE)

Name:							
Street Address:							
City:	State: _	Zip Co	de:				
Home Phone:	Work Pl	none:		Cell Phone:			
SSN:		Date of Birt	h:				
Email Address:							
Current Employment (if	applicable)						
Place of Employment: _							
Employment Address: _							
Position:	sition:Supervisor:						
<u>Qualifications</u>							
Respond as applicable.							
Do you currently have a	bachelor's degre	ee in Kinesiolog	gy?	Yes	No		
If no, name of degree(s)	:						
Are you currently worki	ng as a teacher?	Yes	No				
List your current teaching	g credentials						
Are you bilingual?	Yes N	No If so, whi	ch langua	ige(s)			
			_				
Will you apply for finan	cial aid funds for	r Spring 2014?	Y	es N	lo		

<u>Education</u>				
College/University	Course of Study	Completed Units	<u>GPA</u>	
<u>Degree</u>				
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Statement of Interest

Provide a one page statement indicating your interests, skills, and knowledge that support your application to the Masters Degree program in Adapted Physical Education.

Please note there is a service obligation: For each academic year scholars receive assistance they must maintain full time employment for the equivalent of two years or repay the federal government for the portion of assistance received that has not been repaid through service.