

# **TERREL H. BELL SCHOLARSHIP AT WEBER STATE UNIVERSITY FOR INCOMING FRESHMEN**

The purpose of the Terrel H. Bell Teaching Education Scholarship is to recruit students into teaching careers and encourage students to teach in high needs areas in Utah public schools, while recognizing teaching as a critically important career choice in the state of Utah.

Recipients are selected based on the following criteria:

1. An application form completed and signed by the applicant and high school counselor.
2. Original Official high school transcript with GPA.
3. ACT or SAT score report, either:
  - a. Student report directly from ACT/SAT
  - b. Stamped high school ACT report from your school
4. A one-page statement indicating why you should be considered for the scholarship. Priority will be given first to first-generation students who intend to enter the teaching profession, second to those who intend to work in high-need fields, and third to all other applicants.
5. Names and phone numbers of references from three faculty members from the high school you are attending who are familiar with your work.

All paperwork must be submitted to the Teacher Education Advisement Center by March 1, 2023. Students should be starting at Weber State in the Fall of 2023. If any of the above information is lacking, your application will not be considered. If you are chosen as a recipient, the scholarship will be awarded beginning Fall semester, and you must register and complete at least twelve credit hours each semester (full-time student).

## **Mailing Address**

WEBER STATE UNIVERSITY  
Attn: Angie Collinwood  
Teacher Education Department  
1351 Edvalson Street, Dept. 1304  
Ogden, UT 84408-1304

## **Drop off Location**

McKay Education Building, Room 230

or email [angiecollinwood@weber.edu](mailto:angiecollinwood@weber.edu)

**TERREL H. BELL TEACHING SCHOLARSHIP APPLICATION**

This application is your request to be considered to receive the Terrel H. Bell Scholarship. In addition, you must apply and be accepted to Weber State University.

Condition: The scholarship is effective for a term of not more than eight semesters. Applicants are required to declare their intention to complete a prescribed program of study required for a degree and teaching license, and after completion of such work, to teach in the public schools of Utah.

**DIRECTIONS: Please type or print neatly in black ink. APPLICATION DEADLINE: March 1** of the current year.

Name: \_\_\_\_\_ W#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(City) (State) (Zip Code)

Name of Parent or Guardian: \_\_\_\_\_

Work Experience: (CONTINUE ON BACK IF NEEDED)

\_\_\_\_\_  
\_\_\_\_\_

**RESIDENCE VERIFICATION**

I have been a legal resident of \_\_\_\_\_ (state) since \_\_\_\_\_  
My parents have been legal residents of \_\_\_\_\_ since \_\_\_\_\_

**ACADEMIC INFORMATION**

Will you be the first member of your family to attend college? Yes \_\_\_\_\_ No \_\_\_\_\_

High School Attending: \_\_\_\_\_ School District: \_\_\_\_\_

Cumulative GPA (Grades 9-12): \_\_\_\_\_ College GPA (If applicable): \_\_\_\_\_

ACT or SAT Score: \_\_\_\_\_ Date Taken: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Are you a recipient of any other scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of scholarship: \_\_\_\_\_ Type of Award (Tuition Waiver/Cash): \_\_\_\_\_

\_\_\_\_\_

**DECLARATION OF TEACHING AREA**

- ( ) Elementary K-6
- ( ) Elementary 1-8
- ( ) Early Childhood (K-3)
- ( ) Secondary (6-12) (Specify Subject Area \_\_\_\_\_)
- ( ) Special Education (Mild/Moderate K-12)

**TEACHING RELATED EXPERIENCE**

**COURSEWORK IN EDUCATION AREAS:** (May include courses from early college program, concurrent enrollment program, or other.) Include high school and/or university transcripts. Please highlight the courses on the transcripts in yellow.

IF APPLICABLE: Education 1010: Semester Taken: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

Name of Course: \_\_\_\_\_ Institution: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of Course: \_\_\_\_\_ Institution: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of Course: \_\_\_\_\_ Institution: \_\_\_\_\_ Dates: \_\_\_\_\_

School Counselor's Initials: \_\_\_\_\_

**VOLUNTEER WORK/INTERNSHIPS:**

Where: \_\_\_\_\_ Dates \_\_\_\_\_

Where: \_\_\_\_\_ Dates \_\_\_\_\_

School Counselor's Initials:

**OTHER TEACHING-RELATED EXPERIENCE:**

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School Counselor's Signature: \_\_\_\_\_

**By affixing my signature to this application, I acknowledge my responsibility to practice my profession and teach in the Utah public school system. All the answers I have given in this application are complete and accurate to the best of my knowledge.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*The T.H. BELL is administered without regard to race, color, religion, national origin, sex, age, or status as a handicapped individual or disabled veteran.*