



DEPARTMENT OF SPECIAL EDUCATION & CHILD DEVELOPMENT
UNC Charlotte Special Education Adapted Curriculum Licensure Program
Stipend/Grant Application Form

Student stipends are available to defray the cost of tuition. Prospective students should submit the following form with a written statement explaining their career goals. Individuals awarded the stipend will be required to sign a statement indicating that they will agree to work in a related field (each semester of tuition assistance, two semesters of work is required) or repay the cost of the stipend within ten years of completion of the course.

NAME, ADDRESS, ZIP CODE & TELEPHONE WITH AREA CODE

Last: _____ First: _____ Middle: _____

Address: _____

Phone(h): _____ (w): _____ (fax): _____

Social Security Number: _____ Email: _____

Secondary Contact Person _____ Phone Number: _____

SEMESTER/YEAR ENROLLING: _____

** I do _____ / do not _____ want to apply for the stipend that is available.

Please complete the following questions if you are interested in applying for a student stipend/grant.

CURRENT JOB TITLE & DESCRIPTION



Stipend/Grant Application Form

EMPLOYER, ADDRESS & PHONE

DESCRIBE WHY YOU ARE ENROLLING IN THIS PROGRAM

If YOU HAVE A PLAN FROM RALC (Regional Alternative Licensure Center) PLEASE ATTACH WITH THIS APPLICATION.

COURSES REQUIRED FOR ADAPTED LICENSURE ONLY ARE COVERED BY THIS STIPEND.

SIGNATURE: _____ **DATE:** _____

MAIL THIS TO:
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