



## Alaska Part C- Early Intervention Scholarship Application

Applicants Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Current Position**

Job Title:	Organization Name:
Address:	City:
Work Phone:	Work Fax:
Supervisor Name:	Supervisor Phone:
Years employed by this organization:	Email:

Current Degree (s) that you have: \_\_\_\_\_

Degree program enrolled in: *(OT, SLP, PT, ECSE, EC)* \_\_\_\_\_

Program year are you starting in Fall, 2010: \_\_\_\_\_ Anticipated date of graduation: \_\_\_\_\_

Please describe other relevant work experiences

Position	Setting	Dates	Duration

**For the remaining part of this application please type your answers and submit with the other application information. You may wish to write one fluid essay response to all four questions.**

**Please describe your experience working with young children with disabilities and other related work experiences.**

**Please describe what your current understanding of Infant Learning/ Part C is.**

**Please describe your philosophy for working with families.**

**Please list all related Conferences, Courses, Workshops or self-study you have undertaken.**

	<b>Conference/Course/Workshop/Self Study Title</b>	<b>Dates</b>
1		
2		
3		
4		

**Please describe intervention/ therapeutic or educational theories that you are familiar with.**

<b>Intervention Technique</b>	<b>How Much Experience</b>

**Please tell us how and when you became interested in the specific discipline you are seeking.**

--

**What are your career goals?**

*\* These funds are made available through a State of Alaska General Fund increment for Professional Development to Infant Learning. Scholarship funds are contingent each year based on General Fund availability.*

---

**By signing below you are agreeing that you have read fully the service delivery agreement obligations for the particular program you are applying for. (Please see attached) By signing below you also are giving permission for reviewers of this application to contact references you have listed.**

---

**Signature**

---

**Date**

**Notes:**

- Applications are due for consideration for **Fall 2010 by July 16<sup>th</sup>, 2010.**
- Notification will be sent first week in **August, 2010.**
- Please provide a copy of your **Graduate School application** with your ILP Scholarship application.
- Please submit a copy of a **current resume** with your application.
- Two letters of recommendations are **not to be** from current college professors.
- You will be asked to submit a signed service agreement contract after notification.
- Please submit application to the following address: (you may email or fax as well)

DHSS/OCS/ Infant Learning Program

Attn: Meghan Johnson

323 East 4<sup>th</sup> Ave

P.O. Box 240249

Anchorage, Alaska 99501

[Meghan.johnson@alaska.gov](mailto:Meghan.johnson@alaska.gov)

FAX: (907) 269-3497