

# MCDANIEL COLLEGE

## Educator's Legacy Scholarship Eligibility Form

To honor and recognize the importance of excellent teaching, McDaniel College offers a \$120,000 scholarship (\$30,000 annually for residential students, \$20,000 annually for commuter students) to the children of K-12 and community college educators, as well as children of PreK educators working in center-based daycares operated in a commercial space, who have at least four years of current employment in a school setting and are eligible for full-time benefits at their institutions. Any service in a PreK center-based commercial daycare, K-12 school or community college qualifies as long as the employment is directly through the school or college—teachers, counselors, nurses, support staff, administrators—at least four years of service equals recognition with up to a four-year scholarship, based on the student's status as freshman or transfer.

**This form is designed to confirm eligibility for the Educator's Legacy Scholarship and can be completed by a principal or vice-principal, community college administrator, director or Human Resources official.**

### STUDENT INFORMATION

Email Address \_\_\_\_\_

Name M \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birthdate \_\_\_\_\_

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

Street City State Postal Code

### EDUCATOR INFORMATION

Name \_\_\_\_\_

First Last

Relationship to Student:  Mother  Father  Legal Guardian  Stepmother  Stepfather

Employer \_\_\_\_\_

Position \_\_\_\_\_ Years Employed \_\_\_\_\_

School Level:  K-12 School  Community College

Name of School Where Employed \_\_\_\_\_

School Street Address \_\_\_\_\_

Street City State Postal Code

Name of Principal \_\_\_\_\_

### STATEMENT OF ELIGIBILITY

**I confirm that the individual listed above as EDUCATOR meets the requirements for the McDaniel College Educator's Legacy Scholarship; specifically, that he/she has been a full-time employee in a PreK center-based commercial daycare, K-12 school or community college for a minimum of four years.**

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

Name \_\_\_\_\_ Title/Organization \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_