

ASTI SCHOLARSHIP

APPLICATION FORM

Name: _____

Membership No: _____

School Address: _____

Contact Details: Ph: _____ Email: _____

Employment Status:

Permanent/CID teacher ☐

Temporary Whole Time teacher ☐

Regular Part-Time Teacher ☐

Non Casual Part-Time Teacher ☐

Casual Part-Time ☐

EDUCATIONAL PROFILE

Primary Degree: Name of degree and year of award:

Post-Graduate Qualifications: Name of qualifications and year of award:

Other qualifications: Name of qualification and year of award

COURSE FOR WHICH APPLICATION IS MADE

Title of course: (e.g., *two-year part-time Master's in Education*)

Name of Institution: _____

Dates of course: Commencement ____/____/____ Completion ____/____/____

Please attach a brief statement of not more than 300 words outlining how your course of study meets the scholarship selection criteria:

- Relevance of proposed course to the professional lives of teachers and second level education
- Potential for study to inform the ongoing policy agenda and work of the ASTI
- Potential for research to enhance the quality of teaching and learning

I certify that the above information is complete and correct.

Signed: _____

Date: ____/____/____

Email or post the completed form and statement to eileen@asti.ie