

Principal or Supervisor of Instruction Endorsement Application

Name: _____ Date: _____

Address: _____
Street/P.O. Box
City
State
Zip

Email Address: _____ Phone: _____ Gender () ()

School: _____ Grades/Subjects taught: _____

Present Certificate: Basic _____ Standard _____ Professional _____ Conditional _____ Expiration Date: _____

Highest Degree: _____ College: _____ Date Received: _____

Semester Hours Requested: _____ College: _____ AU ID # _____

CHECK ALL THAT APPLY

NAD Certification () State Certification () Endorsement () Masters Degree ()

Attending Dates: Beginning: _____ Completion Date: _____

List course names, course identification numbers, number of credits and projected cost per credit.

Planned Courses **Example: Intro to Teaching EDTE 215 2 cr.**

Course Name	Course Identification #	# of Credits	Cost per Credit.

Applicant's Signature _____ Date _____

Superintendent's Signature _____ Approval Date _____

LUC Certification Officer _____ Approval Date _____

**APPLICATION DEADLINE TO CONFERENCE OFFICE:
JUNE 15, 2010**

CRITERIA FOR APPLICATION AND SCHOLARSHIP FROM THE LAKE UNION CONFERENCE TO ATTEND ANDREWS UNIVERSITY

1. Must be a full-time employee.
2. Must have been employed by the conference/academy for one year before applying for scholarship.
3. Must have a bachelor's degree.
4. Must be seeking a principal or supervisor of instruction endorsement which will apply for renewal of certification.

FINANCIAL ASSISTANCE AND PROVISIONS

1. Upon approval, all tuition and fees will be paid by the Lake Union Conference Office of Education.
2. Housing, when needed and approved, and one round trip to Andrews University will be paid by the employer according to policy.
3. Board, textbooks, supplies, etc. will be paid by the employee.

TEACHERS MORAL AND LEGAL AGREEMENT

It is my clear understanding that in exchange for this financial assistance from church funds, I shall be required to fulfill the following obligations:

1. I understand that my program/courses must be **pre-approved by the employer and the Lake Union Certification Officer.**
2. I must complete all course work. **Should I fail to successfully complete any course, I will assume full responsibility for payment of charges for that course work.**
3. I understand that **one full year of service is required for amortization after each 9 semester hours or less of financial assistance.** I will be responsible for any unamortized balance in my school financial assistance account should I leave Lake Union Conference employment.

With full understanding and acceptance of the above-stated conditions, and the moral and legal expectations involved, I hereby make application for financial assistance.

Signature of applicant _____ Date _____

PLEASE RELEASE TRANSCRIPT for course work to be taken on page 1 of application to address below:

Student's Name: Last _____ First _____ Initial _____

SS# _____ If name has changed, give former name _____

College/University ID _____ Date Last Attended _____ Currently Enrolled? Yes () No ()

Name of College/University _____ Hold for Final Grades? Yes () No ()

Undergraduate? () Graduate? ()

Address: _____

Street/P.O. Box

City

State

Zip

Student Signature _____ **Date** _____

SEND TRANSCRIPT TO:

Lake Union Conference Office of Education

P.O. Box 287

Berrien Springs, MI 49103