SCHOLARSHIP APPLICATION
TENNESSEE DIVISION OF AERONAUTICS / TENNESSEE ADVANCED AEROSPACE EDUCATION WORKSHOP
MIDDLE TENNESSEE STATE UNIVERSITY, MURFREESBORO, TN 37132

NAME: ___________________________________________ GENDER: ☐ Male ☐ Female

SS#: ____________________________ DATE OF BIRTH: _____/_____/_______
{(necessary for security clearance @ some military facilities) mm/dd/yyyy

Phone: (H) _____________________ (W) _____________________ (Cell) _____________________
**Please include area code.

PERMANENT MAILING ADDRESS:
________________________________________________________________________
Street/Box City State Zip

E-MAIL: ___________________________________________

PRESENT EMPLOYER: ___________________________ POSITION: ___________________________

ADDRESS: ___________________________________________
Street/Box City State Zip

SCHOOL: ___________________________________________

GRADES: ___________________________________________

SUBJECTS: ___________________________________________

T-SHIRT SIZE: ☐ Sm ☐ Med ☐ Lg ☐ X-Lg

YEARS OF TEACHING EXPERIENCE: ____________ DATE BASIC WORKSHOP COMPLETED: ____________

OTHER WORK EXPERIENCE: __________________________________ MILITARY EXPERIENCE: __________________________

COLLEGES ATTENDED:

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<th>College</th>
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M#: ____________________________(if currently or previously enrolled at MTSU)

COURSE SELECTION
AERO 6700 & YOED 6700 are the same course – please choose one (1)

☐ Aero 6700 Aviation Workshop (3 credit hours – scholarship)
☐ YOED 6700 Aviation Workshop (3 credit hours – scholarship)
   (This course should be used for licensing renewal)
☐ SPSE 6430 Introduction to Curriculum Development (3 Credit Hours non-scholarship)
   (This course is optional and offered concurrently with the workshop – may be taken at own expense.)

It is understood that I will receive a modest stipend, cost OF flight instruction, registration fees for four (4) hours graduate credit, and use of books and materials subject to contract conditions.

Signature: __________________________________ Date: __________________________

RETURN FORM TO Aerospace Education Workshop – Attn: Phyl Taylor:
Mail: Middle Tennessee State University Fax: 615-904-8273 Email: phyl.taylor@mtsu.edu
P.O. Box 67 Murfreesboro, TN 37132

Completion of this application does not represent registration for the above course(s). Normal university registration procedures MUST be completed prior to the beginning of class(es). Limited to residents of Tennessee. RE-ADMISSION TO THE MTSU GRADUATE SCHOOL PROGRAM IS REQUIRED.