**Robert McBride Scholarship (Teacher or Graduate Student)**

**Illinois Association for Health, Physical Education, Recreation, and Dance**

**Recognition and Awards Committee**

The **Robert McBride Scholarship** is available to Physical Education, Health Education, Recreation and Dance Education teachers (or graduate students) currently employed in the fields of HPERD. The scholarship can only be used for attending the SHAPE America National Conference in the calendar year that the scholarship is awarded. The due date is January 20th. This $1500 scholarship is for registration, hotel, flight, taxi (to and from airport and hotel). If driving to the convention, then cost of a flight or mileage-whichever is less. The reimbursement is payable upon **proof of receipts of expenses.**

Scholarship Eligibility: PROFESSIONAL MEMBER and/or Graduate Student

* Be an IAHPERD member in good standing (through May 1st OF THE FOLLOWING YEAR).
* Be an IAHPERD member for (3) consecutive years preceding application.
* Be a member of SHAPE America or will join upon receiving this award.
* Complete and submit proof of employment OR graduate student status, with form provided.

**Name of Applicant:**

**Address:**

**Email address:**

|  |  |
| --- | --- |
| **School District:** | **List Educational Degrees/Certificates:** |
| **Name of School:** | **Years of Teaching Experience:** |
| **IAHPERD membership #**  | **Expiration date:** |
| **SHAPE membership #** | **Expiration date:** **Will Join-Highlight (Yes or No)** |

What is the criteria for submitting this scholarship?

1. Complete and submit this application.
2. Provide a statement of reason, in 500 words or less, how this opportunity will benefit your school/class once you return from the conference.
3. One letter of recommendation, from your current Principal, on school letterhead. (Graduate student- Dean, Supervisor or equivalent position.)
4. Second letter of recommendation, from current Department Chair (Dean, Supervisor or equivalent position), on school letterhead.
5. Submit the completed proof of employment OR proof of college/university graduate student status enrollment form.

**All materials need to be submitted electronically to the current recognition & awards facilitator no later than January 20th.**

CATHY PATZNER

Recognition and Awards Facilitator

cpatzner19@gmail.com

ROBERT McBRIDE SCHOLARSHIP

(TEACHER)

Proof of Employment

Illinois Association for Health, Physical Education,

Recreation and Dance

To Whom It May Concern:

This is to certify that (name of individual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is

currently employed at School District (name or number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School and has the primary teaching responsibility

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This certificate is being issued upon his/her request for whatever purpose it may serve.

Principal

Month/Day/Year

ROBERT McBRIDE SCHOLARSHIP

 (GRADUATE STUDENT)

Graduate Student Status

Illinois Association for Health, Physical Education,

Recreation and Dance

To Whom It May Concern:

This is to certify that (name of individual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is

currently a graduate student at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of college/university)

in the area of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (curricular field).

This certificate is being issued upon his/her request for whatever purpose it may serve.

Department Chair or Dean

Month/Day/Year

McBride Scholarship Scoring Rubric

 Illinois Association for Health, Physical Education, Recreation & Dance

affiliated with

MID-WEST association for health, physical education, Recreation and Dance

and the

SOCIETY OF HEALTH AND PHYSICAL EDUCATORS

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Robert McBride Scholarship (Teacher or Graduate Student) \_\_\_\_\_\_\_\_\_

Maureen McBride Scholarship (Student) \_\_\_\_\_\_\_\_\_\_\_

**DIRECTIONS:** Award points for each criterion using the rubric descriptors provided. Add up the points and record the total at the bottom. After scoring each applicant, rank the applicants (i.e., rank of 1 is awarded to applicant with the highest total points; rank of 2 for second highest, etc.).

|  |  |
| --- | --- |
| **Points** | **Criteria** |
|  | **EDUCATION***3=PhD, National Board, or other certification; 2= Master’s; 1= Bachelor’s or Diploma* |
|  | **EXPERIENCE** *3=15+ years; 2=7-14 years; 1=1-6 years* ***STUDENT:***  *1= Sophomore; 2= Junior; 3= Senior* |
|  | **MEMBERSHIP** *3=IAHPERD Current Membership* ***Professional Only****= 3 Consecutive Years as IAHPERD*  *Member* |
|  | **MEMBERSHIP** *3= SHAPE America Current Membership* |
|  | **EMPLOYMENT/COLLEGE** Provided the name and address of employment. Name of college that student is attending. *YES= 5 NO= 0* |
|  | **PROOF OF EMPLOYMENT or PROOF OF COLLEGE/UNIVERSITY GRADUATE STUDENT**  **STATUS ENROLLMENT FORM** *YES= 5 NO= 0* |
|  | **Letter of Recommendation #1** Letters of recommendation include various points of achievements (on school letterhead). *10=Exemplary, 8=Excellent, 6=Good, 4=Average, 2=Satisfactory* |
|  | **Letter of Recommendation #2** Letters of recommendation include various points of achievements (on school letterhead). *10=Exemplary, 8=Excellent, 6=Good, 4=Average, 2=Satisfactory* |
|  | **Statement of reason** Provides a statement, in 500 words or less, how this opportunity will benefit their school/class  once they return from the conference. *20=Exemplary, 16=Excellent, 12=Good, 8=Average, 4=Satisfactory,* -5=over 500 words |
|  | **General/Overall (**Writing Style, Spelling, Grammar, Neatness, Completeness, Layout etc.) *5=Exemplary, 4=Excellent, 3=Good, 2=Average, 1=Satisfactory* |

**\_\_\_\_\_\_\_\_\_\_ = TOTAL POINTS (maximum 67)**

**\_\_\_\_\_\_\_\_\_\_ = RANKING**