

**CONNECTICUT EDUCATION FOUNDATION**  
**Phil DiGiovanni Future Teacher Scholarship**

Please complete this form and return **all pages no later than May 1, 2019**.  
By Mail: Tom Nicholas, Suite 500 21 Oak Street Hartford CT 06107  
Electronic submissions should be returned to [shannonw@cea.org](mailto:shannonw@cea.org)

**APPLICATION**

\_\_\_\_\_  
Applicant's Name (Last, First, Middle)

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
City, State, Zip Code

(\_\_\_\_) \_\_\_\_\_  
Phone Number

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

\_\_\_\_\_  
CEA Member's Name

\_\_\_\_\_  
Teaching Town and School

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Name of Local Association

\_\_\_\_\_  
College or University you attend (or will be attending, if changing)

**Please submit a transcript for at least three of your most recent college semesters or four of your most recent trimesters.**

Please select your planned teaching area:

\_\_\_\_\_ Elementary    \_\_\_\_\_ Secondary    \_\_\_\_\_ Special Education    \_\_\_\_\_ Other

If Secondary, indicate subject area(s) of concentration: \_\_\_\_\_

If Other, please indicate \_\_\_\_\_

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**APPLICATION**

\_\_\_\_\_  
Applicant's Name (Last, First, Middle)

**List honors, leadership positions, and school related activities:**

**List community/volunteer activities:**

Are you employed? \_\_\_\_ Yes \_\_\_\_ No      If so, how many hours per week? \_\_\_\_

Place of employment: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

**Job responsibilities:**

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**APPLICATION**

List names, addresses, and phone numbers of the two references whom you will be using. The Personal Reference Form should be given to a person who is familiar with you as an individual. The Professional Reference Form should be given to someone who is familiar with your academic ability (e.g. teacher, counselor, supervisors, co-workers, etc.) Select references carefully from among those who can speak with authority about you.

Personal Reference:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Professional Reference

Name \_\_\_\_\_  
Title \_\_\_\_\_  
School/Business \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

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**PERSONAL REFERENCE FORM**

\_\_\_\_\_  
Applicant's Name (Last, First, Middle)

The above person has applied for a Phil DiGiovanni Future Teacher Scholarship which is administered by the Connecticut Education Foundation, Inc. As a personal reference for this applicant, please provide a typed written recommendation which includes at minimum a response to each of the following questions, and with the applicant's full name at the top of each page. Return this completed response to the applicant or mail to: Tom Nicholas, Connecticut Education Foundation, Inc., Capitol Place, 21 Oak Street, Suite 500, Hartford, CT 06106 by **May 1, 2019**. Electronic submissions should be sent to: [shannonw@cea.org](mailto:shannonw@cea.org)

1. How long have you known the applicant and in what capacity?
2. Why do you believe the applicant will be successful in a professional education career?
3. What is your assessment of the applicant's academic potential?
4. Are there unique factors that make the applicant especially worthy of receiving scholarship support?

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

( ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

**CONNECTICUT EDUCATION FOUNDATION**  
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**PROFESSIONAL REFERENCE FORM**

\_\_\_\_\_  
Applicant's Name (Last, First, Middle)

The above person has applied for a Phil DiGiovanni Future Teacher Scholarship which is administered by the Connecticut Education Foundation, Inc. As a professional reference for this applicant, please provide a typed recommendation which includes at minimum a response to each of the following questions, and with the applicant's name at the top of each page. Return this completed response to the applicant or mail to: Tom Nicholas, Connecticut Education Foundation, Inc., Capitol Place, 21 Oak Street, Suite 500, Hartford, CT 06106 by **May 1, 2019**. Electronic submissions should be sent to: [shannonw@cea.org](mailto:shannonw@cea.org)

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4. Are there unique factors that make the applicant especially worth of receiving scholarship support?

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
( )  
Phone Number

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

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**ESSAY**

Please respond with a typed response to the following question:

**Why are you interested in a teaching career in CT? Please be specific about experiences, interests and relationships that brought you to this career choice.**

Be sure to include your name (Last, First, Middle) on each page.