



# HARVARD EXTENSION SCHOOL

Lowell Scholarship Program

51 Brattle Street, Cambridge, Massachusetts 02138-3722 • (617) 495-4293 • www.extension.harvard.edu

## Lowell Teachers Scholarship

Lowell Teachers Scholarships enable middle and high school teachers in Boston-area schools to take one Extension School course per term (fall and spring) for half the published tuition rate. To apply for a Lowell Teachers Scholarship, send this form, signed by your school's principal, via email to studentfinance@extension.harvard.edu, upload via the Document Management found in Online Services, Main Menu, choose document type: Extension Student Financial Accounts/FSUX or send to 51 Brattle Street, Cambridge, MA 02138-3722. You must include contact information for your principal. Scholarships are limited, so you should apply early in the registration period. You can register online if you create a student account and submit the Lowell Teacher Scholarship form prior to registering. Scholarships cannot be used for internships, practicum, independent studies, or master's theses or capstone projects, nor can they be combined with any other scholarship or used for January term or non-credit courses.

FULL LEGAL NAME (exactly as printed on your government-issued ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

DCE ID NUMBER (if known)	DATE OF BIRTH example: JAN 01 1994
@ [ ]	[ ] [ ]
(see www.extension.harvard.edu/login if unsure)	Month (MMM)      Day (DD)      Year (YYYY)

SCHOOL INFORMATION			
Your position/title		What grade level do you teach?	
		<input type="checkbox"/> Middle school <input type="checkbox"/> High school	
School name			
Street			
City	State/Province	Zip/Postal code	Phone number

EXTENSION SCHOOL COURSE			
5-digit course reference no. (CRN)	Subject	Subject number	Course title (and section number, if applicable)
[ ] [ ] [ ] [ ] [ ]		E-	
Why do you want to take this course?			

I certify that all of the above information is true and complete to the best of my knowledge.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by your principal

I certify that _____ is a teacher at _____	
Teacher's name	
Principal's signature	Date
Principal's name	Principal's phone number
Principal's e-mail address	

Please remember the application is complete when the following steps have been taken.

- Student Account has been created
- Student has registered for course
- Completed Application has been submitted
- Eligibility has been confirmed by the SFS office
- 50 percent of the undergraduate or graduate tuition is paid

**This application is considered complete once the 50 percent of the undergraduate or graduate tuition is paid. Applicants are responsible for any late fees incurred.**