



HARDING UNIVERSITY

Graduate Studies in Education

SPECIAL EDUCATION RESOURCE GRANT 2024-2025 SUPPLEMENTAL FORM

FOR OFFICE USE ONLY

Date Admitted: _____

Admission: Unconditional ___ Provisional ___

List deficiencies if provisional admission:

Approved by: _____

DATE: _____ HARDING ID #: _____

NAME: _____ (_____)
FIRST MIDDLE PREFERRED (IF DIFFERENT THAN FIRST) LAST MAIDEN

ADDRESS: _____
STREET OR POST OFFICE BOX CITY STATE ZIP

CELL PHONE: _____ WORK PHONE: _____

ED CO-OP: _____ SCHOOL OF EMPLOYMENT: _____

SCHOOL DISTRICT: _____ CURRENTLY TEACHING: _____
SUBJECT(S) GRADE(S)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ CHURCH AFFILIATION: _____

E-MAIL (SCHOOL): _____ (OTHER): _____

GENDER: MALE	FEMALE	<ul style="list-style-type: none"> • Are you Hispanic or Latino? YES NO • Select one or more of the following races that apply to you: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White
MARITAL STATUS: SINGLE	MARRIED	
U.S. Citizen:	YES NO	
Are you a veteran:	YES NO	

Do you currently hold an Educator's License? YES NO Have you attended Harding previously? YES NO

Does your employer require an ALP? YES NO If so, are you currently enrolled in an ALP program? YES NO

Earned Degree(s) (Select degree; write in major) College/University Graduation Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

To the best of my knowledge, the foregoing is correct and complete. _____
Signature of Graduate Candidate

To add the Special Education Resource Endorsement to your license, you must provide documentation of Science of Reading (SOR) Phase 1 Prescribed Pathway for Awareness Credential listed at <https://dese.ade.arkansas.gov/Offices/learning-services/rise-arkansas/prescribed-pathway-credentials>

OFFICE USE ONLY – Admission Requirements Met

<input type="checkbox"/> _____ SIGNED APPLICATION	<input type="checkbox"/> _____ OFFICIAL TRANSCRIPTS SHOWING ALL COLLEGE WORK – UNDERGRADUATE AND GRADUATE
<input type="checkbox"/> _____ ONE LETTER OF REFERENCE	
<input type="checkbox"/> _____ DOCUMENTATION OF EDUCATOR'S LICENSE	
<input type="checkbox"/> _____ CUMULATIVE GPA OF 3.0 OR HIGHER (OR A 3.0 GPA ON THE LAST 60 HOURS OR AN EARNED MASTER'S DEGREE). GPA OF 2.35 TO 2.99 FOR PROVISIONAL ADMISSION (GPA: _____)	_____ _____

SPED RTA GRANT OFFICE • Box 12254 • Searcy, AR 72149 • Phone: 501-279-5256 • Fax: 501-279-4051
Email: spedrta@harding.edu • Website: harding.edu/spedrtagrant