EdAide Application

Please complete all parts of the form. Return this completed form to ddjohnson@shsu.edu along with an unofficial copy of your transcripts.

Note: You cannot be admitted into the EdAide Program until you are fully admitted to SHSU.   This includes submitting all OFFICIAL transcripts when you apply to SHSU.

Name:

Sam ID# (if you have applied to SHSU):

Email Address:

Employment Information

School District:

School:

Position: Grade Level:

Years in current position: Subject Area:

Supervisor Information

Principal Name:

Principal Email:

Mentor Teacher Name:

Mentor Teacher Email:

Program Information

Choose Program:

PK-3 General	☐	PK-3 Bilingual	☐
EC-6 Special Education	☐	EC-6 Bilingual	☐

College hours completed:

Cumulative GPA:

For Administrative Use Only

Unconditionally Accepted   ☐

Conditionally Accepted   ☐

  Conditions:

Not Accepted   ☐

  Reason: