

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 can not 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:

Grade Level:

School:

Subject Area:

Position:

Years in current position:

Supervisor Information

Principal Name:

Principal Email:

Mentor Name:

Mentor Email:

Program Information

Choose Program: EC-6 Special Education or EC-6 Bilingual

College hours completed:

Cumulative GPA:

For Administrative Use Only

- Accepted Unconditionally
- Conditionally Accepted: Conditions
- Not Accepted: Reason: