

# William Littlejohn Professional Development Award

## Application Form

Last Name	First Name
Local Address	Home Address
Phone number	E-mail
991#	Current status:      Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/>
Major:	Minor:                      Cumulative Grade Point Average :

Download this form and save to your computer before completing and email as an attachment to Carol.Wetherell@indstate.edu by **February 7, 2025**. Please answer the following questions on the blank page that follow. To allow you optimal space please number each of your responses.

1. Are you a member of a professional organization related to your major? If so, please list. List any leadership role you hold.
2. Describe your previous and current service/work experiences, especially those related to education and working with individuals with special education needs.
3. Please discuss an area of interest or a topic related to special education that you would like to learn more about if you were to receive the Littlejohn Award. How would professional development in this area enhance your work with individuals with special education needs?

Email the completed application to [bruce.kulwicki@indstate.edu](mailto:bruce.kulwicki@indstate.edu) by February 7, 2025

Office use only - Date Received:
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Response sheet – please number your answers.

Response sheet continued