

**STEPHEN F. AUSTIN
STATE UNIVERSITY**
Project VISTA
Undergraduate Training Program in Visual
Impairment

Mr. Bill Bryan
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Dr. Dixie Mercer
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Ms. Frankie Swift
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Personal Data

Name: _____
Last
First
Middle

Address: _____
Street

City
State
Zip

Phone: () _____ () _____
Daytime
Evening

Cell _____

Email: _____

Social Security Number: _____

Date of application: _____

Have you ever been convicted of a felony? _____ yes _____ no

Educational Background

<u>List all colleges/universities attended</u>	<u>Degree</u>	<u>Major</u>	<u>Date</u>

Work Experience

<u>From</u>	<u>To</u>	<u>Name of employer (begin with most recent)</u>	<u>Position</u>

What work experiences have you had in working with children?

What work experiences have you had in working with special needs children?

Program Stipulations

Please read the following statements carefully, and initial to acknowledge your understanding that:

_____ If I withdraw from SFASU, I will not receive any refund of funds paid for tuition and/or fees.

_____ I will be responsible for purchasing my textbooks and paying for (or arranging payment for) any expenses not expressly covered by grant stipend payments.

_____ I have read the information posted on Project VISTA's website regarding the typical roles and responsibilities of TVIs and I want to work as a VI professional.

_____ These are rigorous level classes and I will be expected to perform at an upper class (junior/senior) level. I will be expected to spend a significant amount of time beyond class in order to successfully complete the requirements.

_____ Each of the courses required in this program contain field experience components which will involve my identifying, observing, volunteering with and/or in some other way interacting with students with visual impairments, their families, and/or other VI professionals.

_____ When I have completed this program, I **MUST COMPLETE** 2 years of service with students who have visual impairments for every year I receive stipends from the federal grant. If I fail to do this, I will be liable to the federal government for repayment of all stipend funds paid to me. Further, I understand that if I do not complete the program, I will be liable to pay back any stipend funds I have received.

_____ My application cannot be considered until my application packet is complete, including letters and supporting documentation.

Applicant's Signature

Date

RETURN TO:

Dr. Dixie Mercer
Stephen F. Austin State University
Department of human Services
PO Box 13019 – SFA Station
Nacogdoches, TX 75962
fax: 936-468-1342