



The completion of this form is intended to document your experiences with children from diverse backgrounds through employment in a variety of settings or other relevant activities. Please note that the Education Admissions Committee may verify the experiences listed on this form.

Evidence of long term (at least 30 hours must be accomplished prior to admission) and recent (within three years of application to the program) experience with children, both individually and in groups, must be documented by the completion of this form. A letter from the supervisor of the experience that states the age of the children, the purpose and duration of the experience, may accompany this form.

A minimum of two experiences with children is required, documenting at least 30 hours of experience with children individually and in a group setting. For middle/secondary applicants, at least 15 hours of the 30 hours of experience with children must be with adolescents/teens (12- to 18-year-olds). For elementary/middle applicants, at least 15 hours of the 30 hours must be with school-age children (6- to 11-year-olds).

Applicant Data

(please type or print)

Applicant name _____
last first MI

Date submitted _____

Experience 1

Date _____ to _____ Number of hours _____ Age range of children _____

Contact person _____ Title _____

Organization name _____ Phone number _____

Organization address _____
street city state ZIP

- Childcare** **Volunteer in school** **Coaching** **Youth clubs**
 Teaching (music/sports/religion) **Summer camp counseling** **Other**

Please describe the setting and how this experience affected you: _____

Experience 2

Date _____ to _____ Number of hours _____ Age range of children _____

Contact person _____ Title _____

Organization name _____ Phone number _____

Organization address _____
street city state ZIP

- Childcare** **Volunteer in school** **Coaching** **Youth clubs**
 Teaching (music/sports/religion) **Summer camp counseling** **Other**

Please describe the setting and how this experience affected you: _____

Experience 3

Date _____ to _____ Number of hours _____ Age range of children _____

Contact person _____ Title _____

Organization name _____ Phone number _____

Organization address _____
street city state ZIP

- Childcare** **Volunteer in school** **Coaching** **Youth clubs**
 Teaching (music/sports/religion) **Summer camp counseling** **Other**

Please describe the setting and how this experience affected you: _____

I certify that the information given on this form is accurate and complete to the best of my knowledge.

Signature _____ **Date** _____

**Return all application materials to: The College of St. Scholastica,
Office of Graduate Admissions, 1200 Kenwood Avenue-Duluth, MN 55811-4199**