



## REACH ACROSS TEXAS PROGRAM APPLICATION

Texas Tech University

### Please read the following application requirements

1. Each program option has a limited number of students that can be accepted. In order to be considered, you **must** sign the "Statement of Intent to Seek a Position as a VI Professional" (attached to this application).
2. If you are accepted into the program and do not attend the first semester after acceptance, you must contact the program and explain the circumstances keeping you from registering, or you will be dropped from receiving financial assistance.
3. In addition to completing this application form, **you must attach two letters of recommendation**. One should be from your supervisor and one from another professional colleague. Address the letter to Reach Across Texas Program.
4. You **must also write a 1-2 page formal style document**, explaining why you desire to become a teacher of students with visual impairments or an orientation and mobility specialist. If you are a teacher, include your own personal teaching philosophy.

### Personal Data

Name

---

*Last*

*First*

*Middle*

Please indicate any other name(s) by which you have been known:

---

Present Address

---

*Street/P.O.*

*City*

*State*

*Zip*

Shipping Address

---

*Street Address*

*City*

*State*

*Zip*

## Application Information

Date of Application

---

Home Phone Number

---

Cell Phone Number

---

Business Email

---

Day Phone Number

---

Home Email

---

Graduate school application ID number

---

*Note: An email account is required to participate in this distance learning program.*

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, and indecency with a minor) and/or received probation or deferred adjudication?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

*If yes, explain on a separate sheet and attach to this application.*

## Areas of Certification

List all of the educational certifications/certificates/endorsements/licenses you hold and the issuing state.

Certification, certificate, endorsement, license	Issuing state or organization	Year

I am applying for the following area: *(select only one)*

Orientation & Mobility Specialist

Teacher of Students with Visual Impairments (TVI)

Semester/year you want to start

\_\_\_\_\_

Do you anticipate receiving a VI Emergency Permit to work as a TVI?

Yes

No

If yes, when?

\_\_\_\_\_

**Employment Information**

Current Position

District

Business address

*Street Address*

*City*

*State*

*Zip*

Special education director (Building principal/supervisor, if not in special education)

Educational Service Center Region Number

*Please identify the Educational Service Center in which you live by Region number. If you are not sure of your Region, go to [https://tea.texas.gov/regional\\_services/esc/](https://tea.texas.gov/regional_services/esc/)*

**Work Experience**

Begin date	End date	Employer name (Begin with the most recent)	Position

**Educational Background**

List all colleges/universities attended	Degree awarded	Major	Last date of attendance

What language skills (written and spoken) do you have other than English, including American Sign Language?

---

---

---

**Please read and initial beside the following statements. I understand that:**

\_\_\_\_\_ My financial assistance for the Reach Across Texas Program will not exceed more than two years or as long as grant funds are available.

\_\_\_\_\_ I must seek employment in the state of Texas as an education professional in visual impairment.

\_\_\_\_\_ I must visit the Texas School for the Blind and Visually Impaired on at least one occasion for training at a Mentor Center (financial aid provided by the Mentor Program).

\_\_\_\_\_ I must maintain a 3.0 GPA. If I fall below this GPA, the RATP funding will be suspended until my GPA is at 3.0 or above again.

\_\_\_\_\_ If I receive an I (incomplete), D, or F (or I, C, D or F for EDSP 5382, 5386, 5387), or if I drop a course for which grant funds were received for tuition. I will be responsible for paying all tuition, fees, and other expenses to retake the course. In such a situation, I also acknowledge that I must obtain my advisor's or the program's consent before registering for any other classes.

\_\_\_\_\_ I will need to be able to access the Internet and have appropriate computer technology for distance education for at least a portion of each course; the Reach Across Texas Program will not provide instruction in how to use the Internet, and I must arrange for access independently.

\_\_\_\_\_ These are graduate level courses, and I will be expected to spend a significant amount of time to successfully complete the requirements.

\_\_\_\_\_ My name, phone, other contact information and class schedule will be shared with TSBVI, TTU, and Educational Service Centers. Grades will not be shared.

\_\_\_\_\_ I will be responsible for paying my way to the mandatory campus attendance in Lubbock for EDSP 5383, EDSP 5384, EDSP 5386, and EDSP 5387 and to Austin for EDSP 5381, as required.

\_\_\_\_\_ I understand all communication with me will only occur via my TTU email or by telephone, so it is imperative that I check my TTU email daily.

\_\_\_\_\_ I understand the Reach Across Texas Program will only fund 3 required credit hours of EDSP 5093: Internship in Special Education. If additional internship hours are needed for any reason, I am responsible to pay for those additional hours.

\_\_\_\_\_ I understand that if I engage in an academic integrity violation such as cheating, collusion, plagiarism, self-plagiarism, etc. while in the program, I stand to lose the Reach Across Texas scholarship award. My case will be reviewed by Drs. Poggrund and Griffin-Shirley to determine if the stipend will be revoked. If revoked, I understand that I am responsible to repay the amount of the scholarship already awarded.

**This is not a university application. In order to begin classes, you must be accepted by both the Reach Across Texas Program and Texas Tech University Graduate School.**

I have completed my Texas Tech University Graduate School application on (date):

---

I have completed my Texas Tech University Master's application on (date): *Optional*

---

I do hereby attest that this information is correct and current. I understand that if all of the required information is not submitted, the application will not be processed. I further understand that the entire application packet MUST be received by June 1st for consideration for the Fall semester, November 1st for consideration for the Spring semester, and May 1st for consideration for the Summer sessions.

Name

Date

---

---

Signature

---

**The following criteria will be used to evaluate your application**

*Office use only*

Application component	Evaluation rating	Total rating for component
Quality of letter of recommendations (each letter rated 1-5)	1 = Not recommended 5 = Highly recommended	
Quality of writing sample (1-10)	1 = unacceptable 10 = exemplary	
Applied and Accepted by Graduate School (0-2) Date: _____	0 = Not Applied/ Not Accepted 1 = Application in Process 2 = Accepted	
Completeness of Application (0-3)	0 = More than 2 items Omitted 1 = 2 Items Omitted 2 = 1 Item Omitted 3 = Application is Complete	
Already in TVI or O&M Program as a Self-Pay Student	3 = Self-Pay Student	
<b>TOTAL SCORE</b>	28 possible points	



## **Statement of Intent to Seek a Position as a Visual Impairment (VI) Professional in Texas**

As a condition of accepting a stipend and/or entrance into the Reach Across Texas Program, you must agree to the following statements. Failure to comply with the conditions may result in your being required to return the entire amount of support you received or caused to be expended on your behalf.

I agree to seek a position as a VI education professional (orientation and mobility specialist or teacher of students with visual impairments) in Texas upon completion of my academic training. I will provide documentation of my actions. I realize that if I fail to comply with these conditions, I will be required to return the entire amount of the support received or expended on my behalf.

Signature

Date

---

---

### **Return entire application by mail, email, or scan to:**

MAIL

EMAIL OR SCAN

Reach Across Texas Program  
Texas Tech University  
The Virginia Murray Sowell Center for  
Research and Education in Sensory  
Disabilities  
Box 41071  
Lubbock, TX 79401

[reachacrosstexas@ttu.edu](mailto:reachacrosstexas@ttu.edu)