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**College of Education**

**3002 18th St.**

**Lubbock, TX 79409**


# Project MAPVI: Multiculturally Adept Professionals in Visual Impairment 2024-2029

**Funded by the U.S. Department of Education**

**Office of Special Education Programs**

Scholarships are available for ***Project MAPVI –******Multiculturally Adept Professionals in Visual Impairment*** to complete a certification program to become either a certified orientation and mobility specialist (COMS) or a teacher of students with visual impairments (TSVI). *Project MAPVI* has a focus on working with scholars with racially and ethnically diverse backgrounds.

Definitions of TSVI and Certified Orientation and Mobility Specialist (COMS)

**TSVI**: Teachers who meet the educational needs of students who have visual impairments ages birth through 21; provide direct and/or consultative special education services specific to vision loss (e.g., braille, assistive technology, independent living skills, use of functional vision, etc.); supports students, other teachers, and parents; and acts as a liaison with community services.

**COMS**: Related service personnel who teach the following to individuals with visual impairment: safety issues, assistive technology, concept development, sensory training, orientation and mobility skills, use of public transportation, how to solicit aid, etc.

**To apply, submit the following documents to the *Project MAPVI* Collaborative Partner in your state (Mississippi or Texas) via email to the address at the end of this application, by Friday, January 10, 2025.**

Scholarship recipients in cohort 1 are expected to begin the program in the summer 2025 semester, starting on May 30th, 2025, and completing in summer 2027.

To be eligible for this scholarship for the TSVI program, you must have a bachelor’s degree, have current licensure/certification/endorsement in your state in either any area of general education or special education, have at least a 2.75 overall GPA at prior universities, and be a U.S. citizen.

To be eligible for this scholarship for the O&M program, you must have a bachelors’ degree, have at least a 2.5 overall GPA at prior universities, and be a U.S. citizen.

If you are selected as a scholarship recipient, upon completion of the program of studies, you will be eligible to be VI certified in your state. For O&M, you will be eligible for national O&M certification from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP).

## Biographical Data

1. Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle)

2. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_ Prefer not to say

3. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Present Mailing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (City) (State) (Zip Code)

Permanent Address (If different from above):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (City) (State) (Zip Code)

6. Email address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Phone numbers - Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Are you a citizen or permanent resident of the United States of America or a U.S. Territory?

\_\_\_\_\_\_ YES \_\_\_\_\_\_\_ NO

If yes, which state is your legal residence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. I am applying for: (only select 1 program)

\_\_\_\_\_ Program of studies in Teachers of Students with Visual Impairments (TSVI)

\_\_\_\_\_ Program of studies in Orientation and Mobility (O&M)

10. Which of the following best describes you?

\_\_\_ American Indian or Alaska Native

\_\_\_ Asian

\_\_\_ Black or African American

\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_ White

\_\_\_ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Prefer not to disclose

Are you Hispanic or Latino? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

Are you multilingual? If so, in which language(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. List the address and contact information for a relative or other person not living with you through which you can be contacted:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Have you received funding under a different OSEP Training grant?

\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No
If Yes, please specify the grant number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Employment

Were you employed during the academic year, prior to 2025? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

Name of Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average hours of work per week: \_\_\_\_\_\_\_\_\_ (round to the nearest hour)

Start date of your current position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Professional Data

Please list your teaching or other professional certifications, including where they were obtained and in which areas. Attach an additional page if necessary.

| **CREDENTIAL/CERTIFICATION** | **OBTAINED FROM** | **AREA** |
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## Academic Data

Check the degrees or certificates you currently hold (check all that apply):

\_\_\_ High School diploma or equivalency

\_\_\_ Associate Degree

\_\_\_ Bachelor’s Degree

\_\_\_ Master’s Degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Educational Specialist

\_\_\_ Doctoral Degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Post-doctoral degree

\_\_\_ State or professional credential/certificate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ State-issued endorsement in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Grantee-issued endorsement

\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list below all undergraduate and graduate colleges/universities and/or professional schools you have attended, in chronological order. Include your overall GPA from each college or university attended. Attach an additional page if necessary.

| **SCHOOL** | **FROM** |  **TO** |  **DEGREE/MAJOR** |  **GPA** |
| --- | --- | --- | --- | --- |
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## Additional Required Materials

1. **Biographical essay and photo**

Tell us about yourself, including your interests and work experience. Your essay should not exceed one page in length. Please double space and use 12-point font. Attach a recent photo of yourself.

1. **Essay Questions**

Please respond to the questions below. Your response should be two to three typed pages in length total (12-point font, double spaced). Use standard, professional, high-quality writing style.

1. What are your interests within the field of visual impairment or orientation and mobility?
2. How do you envision using your education upon completion of your graduate program?
3. How will your training help students with visual impairment or programs serving this population in your state or region?
4. State what community experience or leadership roles with diverse populations you have had in the past.
5. Are there any additional skills that you have that will help you as a teacher or professional in your state or region (e.g., languages spoken, experience with multicultural populations, etc.)?
6. **Letters of Reference**

Please submit two letters of reference; one letter must be from a supervisor either past or present. These references should attest to your professional abilities, leadership skills and perseverance, and explain why you should be selected to receive the Multiculturally Adept Professionals in Visual Impairment scholarship.

1. **Vitae or Resume**

Please include a copy of a current vitae or resume showing educational and work experience.

1. **Teaching Commitment Obligation & Certification of Eligibility**

Please read and sign the Teaching Commitment Obligation form and Certification of Eligibility. The electronic version of this document may include e-signatures, but the mailed copy must include original hand-written signatures.

## Teaching Commitment Obligation and Scholarship Requirements

**I understand that if I am selected to receive a Project MAPVI scholarship, I must:**

1. teach on a fulltime basis in an approved, special education program for a minimum of two consecutive years for each year of scholarship received (see <https://pdp.ed.gov/OSEP/Regulation/ProgramRegs2006> for information on federal service obligation)
2. begin the first school year of eligible fulltime teaching service in an EC-12 school program within twelve months from the date I receive my certification, and
3. provide employment verification to OSEP and to Dr. Rona Pogrund at Texas Tech University until my obligation is fulfilled.

**I understand that failure to comply with the above will result in a requirement to repay any scholarship funds received.**

**I understand that withdrawing from the program prior to completion will require me to refund all monies spent on tuition, travel, books, and other expenses.**

**I understand that not completing the program by the planned completion date may require me to pay for my own expenses beyond the planned completion date.**

**I understand that if money has been paid up front for travel which I do not complete, I will be required to refund the program for those expenses. Expenses for unused airline tickets will not be reimbursed once used for class travel. Penalties for changing flights will not be reimbursed by the program.**

**I understand that signing below does not guarantee selection as a Project MAPVI scholarship recipient.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print full legal name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date



**Certification of Eligibility for Federal Assistance in Certain Programs**

I understand that 34 C.F.R. 75.60, 75.61, and 75.62 require that I make specific certifications of eligibility to the U.S. Department of Education (ED) as a condition of applying for Federal funds in certain programs and that these requirements are in addition to any other eligibility requirements that ED imposes under program regulations. Under 34 C.F.R. 75.60 – 75.62:

1. I certify that:
	1. I do not owe a debt, or I am current in repaying a debt, or I am not in default (as that term is used at 34 C.F.R. Part 668) on a debt:
		1. To the Federal Government under a nonprocurement transaction (e.g., a previous loan, scholarship, grant, or cooperative agreement); or
		2. For a fellowship, scholarship, stipend, discretionary grant, or loan in any program of ED that is subject to 34 C.F.R. 75.60, 75.61, and 75.62.

**OR**

* 1. I have made arrangements satisfactory to ED to repay a debt as described in A.1. or A.2. (above) on which I had not been current in repaying or on which I was in default (as that term is used in 34 CFR Part 668).
1. I certify also that I have not been declared by a judge, as a condition of sentencing under section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862), ineligible to receive Federal assistance for the period of this requested funding.

I understand that providing a false certification to any of the statements above makes me liable for repayment to ED for funds received on the basis of this certification, for civil penalties, and for criminal prosecution under 18 U.S.C. 1001.

 (Signature) (Date)

 (Typed or Printed Name)

Name or number of ED program under which this certification is being made: H325M240018 – Project MAPVI

ED 80-0016 (Revised 04/2020)

**For questions regarding your application or the grant, contact:**

**TSVI Program:** Dr. Rona Pogrund – rona.pogrund@ttu.edu

**O&M Program:** Dr. Nora Griffin-Shirley – n.griffin-shirley@ttu.edu

**Return completed application via email no later than:
January 10, 2025
to your state MAPVI collaborative partner.**

**(emailed applications must have real signatures or
verified e-signatures, no typed names)**

**Mississippi:** Toni Hollingsworth – toni.hollingsworth@usm.edu

**Texas:** Cecilia Robinson – robinsonc@tsbvi.edu