

**Project ECEC**  
(Early Childhood Engagement Center)  
Cohort 2

Rating: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Current Position/Location: \_\_\_\_\_  
(Subject and School)

Associates Degree completed (What, Where, When):  
\_\_\_\_\_

GPA: \_\_\_\_\_

Current Certifications completed: \_\_\_\_\_

Have you passed Praxis: \_\_\_\_\_

List scores for each section of PRAXIS:

Mathematics \_\_\_\_\_ Writing \_\_\_\_\_ Reading \_\_\_\_\_

If submitting ACT or SAT scores as a substitute for PRAXIS, list those scores below:

ACT \_\_\_\_\_ SAT Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_

U.S. Citizen or U.S. Resident: \_\_\_ Yes \_\_\_ No

**Written Statement**

**DIRECTIONS:** Complete this statement on a separate page using 1-inch margins, 12 point font, and double-space.

*Explain how you believe this program will support your professional goals of working in the field of Early Childhood and Special Education. Please bring this form and your written statement to the information session.*

---

For more information or to RSVP, contact Dr. William Drakeford at  
wdrakeford@bowiestate.edu