



South Central Oklahoma Rural Education
— **COLLABORATIVE** —
Growing Local Educators

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CLASSROOM TO CLASSROOM – C2C

Pre-Apprenticeship Student Application

For students entering their senior year of high school and on track for graduation.

Cohort 2026–2027

About This Application

Thank you for your interest in the Classroom to Classroom (C2C) Teach Pre-Apprenticeship. This application helps us get to know you; not just your grades, but who you are, what drives you, and why you want to be part of the next generation of Southern Oklahoma teachers. Please complete all sections honestly and thoroughly.

Submit completed applications to your school counselor.

Questions about the program? Call or email Dr. Eric L. Ward, Executive Director: **580-319-0359** or **eric@scorecollaborative.org**

SECTION 1 | PERSONAL INFORMATION

First Name

Last Name

Date of Birth (MM/DD/YYYY)

Graduation Year

Home Address (Street, City, State, ZIP)

Personal Cell Phone

Personal Email Address

High School

School Counselor Name

Parent / Guardian Name

Parent / Guardian Phone

Parent / Guardian Email Address

SECTION 2 | ACADEMIC & BACKGROUND INFORMATION

Current GPA (approximate)

☐ Below 2.0 ☐ 2.0 – 2.4 ☐ 2.5 – 2.9 ☐ 3.0 – 3.4 ☐ 3.5 or above

Have you taken / currently enrolled in any concurrent enrollment courses through Murray State College?

☐ Yes — completed ☐ Yes — currently enrolled ☐ No

If yes, list the course(s) below:

Course Name / Number	Semester / Year Taken	Grade / Status

Note: EDU 2113 and EDU 2000 are the two C2C-specific courses offered through Murray State College in Year 1 of the program.

Do you have any experience working with children (babysitting, tutoring, church youth group, sports coaching, etc.)?

☐ Yes ☐ No

If yes, briefly describe that experience:

Are you currently involved in any school clubs, sports, or community organizations?

☐ Yes ☐ No

If yes, list them:

List any awards, honors, or recognition you have received (academic, athletic, community, or other):

Do you have a reliable way to get to your placement school each day?

☐ Yes ☐ No ☐ Need help with transportation

SECTION 3 | SHORT ANSWER QUESTIONS

Please answer each question thoughtfully. There are no right or wrong answers — we want to hear from you in your own words.

1. Think about a teacher who made a difference in your life. What did they do, and why is it memorable?

2. Why do you want to become a teacher? What draws you to this career path?

3. Why do you want to stay and teach in Southern Oklahoma? What does this community mean to you?

4. Describe a time you had a leadership role (formal or informal). What happened and what did you learn?

5. What is one challenge you have faced in your life that has shaped who you are today?

SECTION 4 | CANDIDATE SELF-ASSESSMENT

Read each characteristic below. Check the box if this honestly describes you. You don't need to check all of them.

☐

Mature & Accountable

I take responsibility for my actions, manage my time without being told, and handle stress with composure.

☐

Grounded & Growth-Minded

I know my strengths and blind spots, have a consistent work ethic, and welcome feedback as a way to improve.

☐

Community-Oriented

I genuinely care about people and children and not just in theory. I'm involved in my school or community and give back.

☐

Committed to Southern Oklahoma

I want to stay here and have a vision for what this community could look like. I see homegrown talent as the answer to homegrown problems.

☐

Empathetic & Resilient

I've faced challenges and they've made me more compassionate. I believe every child deserves a great teacher regardless of where they live.

☐

A Natural Leader

Others look to me. I step up without being asked, and I lead by example.

Looking at the characteristics above, which one feels most like you right now, and which one do you most want to grow in? Explain:

SECTION 5 | PROGRAM UNDERSTANDING & COMMITMENT

Please read each statement carefully and check the box to confirm your understanding.

- ☐ I understand that C2C can be up to a four-year commitment; from my senior year of high school through becoming a certified classroom teacher.
- ☐ I understand that I will spend 10 hours per week in real classrooms during Year 1, alongside a mentor teacher, each semester.
- ☐ I understand that I am expected to enroll in concurrent college coursework through Murray State College as part of the program.
- ☐ I understand that I will need to earn a passing score on the Praxis Paraprofessional Assessment.
- ☐ I understand that C2C is designed for students who intend to stay and teach in Southern Oklahoma after earning state certification.
- ☐ I understand that continued participation in C2C depends on meeting academic, professional, and conduct expectations.
- ☐ I have read the C2C program brochure and had an opportunity to ask questions.

SECTION 6 | SCHOOL CONTACT / RECOMMENDER

Please identify a teacher, counselor, coach, or school administrator who knows you well and can speak to your character, work ethic, and potential. SCORE may contact this person as part of the review process.

Recommender Full Name

Relationship to You (e.g., Teacher, Coach)

Recommender School / Organization

Recommender Phone or Email

Is there anything you'd like us to know about your recommender or your relationship with them?

Applicant Statement

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that misrepresentation may result in dismissal from the C2C program. I am genuinely interested in becoming a teacher and am committed to serving Southern Oklahoma students.

Applicant Signature**Date**

Applicant Printed Name

Parent / Guardian Statement / Supportive Person Statement

I have reviewed this application with my student and support their interest in the C2C Teaching Pre-Apprenticeship. I understand that C2C can be up to a four-year program beginning in the student's senior year of high school, involving both school-based placement and college coursework. I agree to support my student's participation in all required program activities.

Parent / Guardian / Supportive Person Signature**Date**

Parent / Guardian / Supportive Person Printed Name

FOR OFFICE USE ONLY**Date Received****Received By****Application ID**

Application Status

☐ Under Review ☐ Interview Scheduled ☐ Accepted ☐ Waitlisted ☐ Not Selected

Reviewer Notes:
