# Delaware



**2018-19 SCHOLARSHIP APPLICATION PACKAGE**

Delaware PTA is proud to offer three separate scholarship opportunities. The applicant must be a Delaware resident (who also attends a high school in the state of Delaware), and who will be matriculating into a two- or four-year college/university in the 2018-19 school year. The number and amount of scholarships awarded each year depend on proceeds of Delaware PTA projects, donations, and functions.

**Debbie King Scholarship** – Applicant must be a graduating senior pursuing a 2 or 4-year degree in Early Childhood Education at any accredited college or university. Award amounts up to $1000.00

**Betty Lewis Scholarship** - Applicant must be a graduating senior pursuing a 2 or 4-year degree in Education at any accredited college or university. Award amounts up to $1000.00

**Delaware VIP Scholarship**– Applicant must be a graduating senior pursuing a 2 or 4-year degree at any accredited college or university. Award amounts to $1000.00

## Applicant Eligibility

**Students must:**

* Attend a school that has an **active PTA or PTSA** association in good standing OR be a **Delaware PTA VIP member\***. ***Please contact us if you are not sure if you are a member or if your school has an active PTA.***
* Reside in Delaware and graduate from a Delaware public high school
* Preference will be given to a student entering a Delaware college or university in September following the date of application for the scholarship
* Maintain an average of 2.5 (on a scale of 4.0) or better
* Provide evidence of financial need and/or academic achievement
* Provide a copy of college acceptance letter

## Administrative Procedures

* In December, high school principals and guidance departments receive scholarship information to copy and distribute to eligible students.
* The student completes the current Student Application, obtains three letters of recommendation, and returns all documentation to the guidance counselor.
* The school principal and guidance counselor complete/sign the School Administration Support Form, provide a copy of the student’s transcript and test scores, and attach to completed Student Application and Recommendations for a completed application packet.
* The guidance counselor forwards the completed application packet to Delaware PTA.
* The Scholarship Selection Committee meets in March.
* Consideration is given to academic achievement, financial need, and school/community activities.
* Scholarship recipients are notified by mail (April) and required to return a letter of acceptance.
* Scholarship money is sent directly to the university/college financial aid office upon receipt of a copy of the college registration form or acceptance letter.

## Deadlines

* **Deadline – March 31, 2019 (Postmarked). Send completed application to:**

Delaware PTA

Attention: Dr. Terri Hodges

925 Bear Corbitt Rd

Bear, DE 19701

* The completed application packet must include:
  + Student Application
  + Three (3) letters of recommendation
  + School Administration Support Form
  + Transcript
  + Test scores
* We will verify PTA membership, but students may include a copy of their 2018-19 PTA membership card.
* No **FAXES** Permitted

## Application

The application form follows. Additional copies of the application can also be found at the following locations:

* Delaware PTA website at [www.delawarepta.org](http://www.delawarepta.org),
* School Guidance Departments
* Contact Delaware PTA at [admin@delawarpta.org](mailto:admin@delawarpta.org)

**Delaware PTA Scholarship**

**STUDENT APPLICATION**

## (TO BE COMPLETED BY STUDENT AND RETURNED TO GUIDANCE)

Mail completed applications to:

Delaware PTA, Attention: Scholarship Chair, 925 Bear Corbitt Rd, Bear DE 19701

**Postmarked** no later than March 31, 2018

***Please indicate which scholarship you are applying for.***

**Debbie King [] Delaware VIP [ ] Betty Lewis [ ]**

NAME GRADE ADDRESS

EMAIL ADDRESS

TELEPHONE NUMBER ( )

DATE OF BIRTH

PTA District

SCHOOL NAME AND ADDRESS

SCHOOL TELEPHONE NUMBER ( ) MY SCHOOL HAS AN ACTIVE PTA/PTSA IN GOOD STANDING: [ ] YES [ ] NO

IF NO, ARE YOU A DELAWARE VIP MEMBER? [ ] YES [ ] NO  
PRINCIPAL'S NAME NAME OF GUIDANCE COUNSELOR:

COLLEGE OR UNIVERSITY YOU ARE PLANNING TO ATTEND:

MAJOR

HAVE YOU BEEN ACCEPTED?

TENTATIVE CAREER PLANS, INCLUDING SUBJECT, OR FIELD:

REASONS FOR CHOOSING THE STATED CAREER: (NO MORE THAN 100 WORDS YOU MAY TYPE RESPONSE ON A SEPARATE PIECE OF PAPER):

***(DUE TO THE SENSITIVE NATURE OF FINANCIAL INFORMATION, THIS PAGE MAY BE GIVEN TO YOUR COUNSELOR IN A SEALED ENVELOPE ALONG WITH YOUR COMPLETED APPLICATION)***

## FINANCIAL INFORMATION

**Failure to provide complete and all required information will invalidate the application**

Employment of parents/guardians with whom applicant resides:

Occupation of Father/Guardian:

Annual adjusted income reported on Form 1040:

Occupation of Mother/Guardian:

Annual adjusted income reported on Form 1040:

Do you receive Social Security Benefits due to the death of a parent? Amount?

Does your custodial parent receive Spousal and/or child support? Amount?

List any additional revenue you or your parents might have, i.e. Trust Fund, Interest Accounts, Dividends:

Number of and ages of dependent children in family:

If any in college indicate where:

List other financial resources available to applicant for college (financial aid, student employment, other scholarships, support of non-custodial parent, etc.):

|  |  |
| --- | --- |
| **Resource** | **Amount** |
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Explain your need for scholarship assistance and plan for financing your college education: (no more than 100 words. Responses may be typed on a separate paper)

## ACTIVITIES

List community activities/experiences:

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| --- | --- | --- | --- |
| **Organization** | **Offices Held** | **School Years** | **Hrs/Wk** |
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List honors received:

List work experiences:

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| **Employer** | **Type of Work** | **Hrs/Wk** | **Date of Employment** |
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List school activities/clubs/experience:

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| --- | --- | --- | --- |
| **Organization** | **Club** | **Offices Held** | **Years** |
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## RECOMMENDATIONS

Attach three letters of recommendation. Please list individuals submitting recommendations:

|  |  |
| --- | --- |
| **Name** | **Position** |
| **1)** |  |
| **2)** |  |
| **3)** |  |

I have read the regulations pertaining to the PTA Scholarship Program. If chosen for a scholarship grant, I agree to fulfill the obligation.

(Signature of Applicant) (Date of Application)

TO BE COMPLETED BY PARENT OR GUARDIAN:

I have reviewed the application and to the best of my knowledge all information is accurate. I believe that the applicant is serious in intent to complete a college education and with the help from the scholarship grant will be able to pursue their degree.

Other comments:

(Signature of Parent or Guardian) (Date)

I have reviewed the application and to the best of my knowledge all information is accurate.

## DELAWARE PTA SCHOLARSHIP SCHOOL ADMINISTRATION SUPPORT FORM

**(TO BE COMPLETED BY GUIDANCE DEPARTMENT)**

Student Name

Size of Graduating Class Class Rank if applicable

GPA

Scale

Highest SAT Scores: Math

Verbal

Writing

Highest ACT Scores: English

Mathematics

Reading

Social Studies

Indicate below your understanding of the economic status of the family, the individual's likelihood to complete college and other supporting information:

Attach a transcript of the student's high school record and a copy of ALL Standardized Test Scores.

## ENCLOSE THE FOLLOWING DOCUMENTS AND RETURN TO DELAWARE PTA

**POSTMARKED NO LATER THAN MARCH 1**

**FAXES WILL NOT BE ACCEPTED**

Student Application

Three Letters of Recommendation

School Administration Support Form

Transcript and Test Scores

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(Signature of Guidance Counselor) (Signature of High School Principal)

I have reviewed the application and to the best of my knowledge I have reviewed the application and to the best of my knowledge all information is accurate. all information is accurate.

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(Name of School) (School Telephone Number)

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MAIL TO: (Date)

DELAWARE PTA

Dr. Terri Hodges

925 BEAR CORBITT RD

BEAR, DE 19701