# Delaware



**SCHOLARSHIP APPLICATION PACKAGE**

Delaware PTA is proud to offer scholarships to graduating Delaware high school students planning to enter Education or Early Childhood Education. Each year, two special scholarships are given—

 ***Debbie King – Early Childhood Education***

 ***Betty Lewis - Education***

**Amount:** $1,000.00 each

## Applicant Eligibility (Please read criteria carefully. Incomplete applications will not be considered)

**Students must:**

* **Attend a school that has an active PTA or PTSA association in good standing OR be a Delaware PTA VIP member\*.**
* Reside in Delaware and graduate from a Delaware public high school
* Plan to pursue a career in Education or Early Childhood Education
* 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, 2018 (Postmarked). Send completed application to:

Delaware PTA

Attention: Scholarship Chair

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
	+ Copy of college acceptance letter
* 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

**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 [ ] BETTY LEWIS [ ]**

NAME GRADE ADDRESS

EMAIL ADDRESS

TELEPHONE NUMBER ( ) SSN ***(Only winners will be contacted for SSN)***

DATE OF BIRTH

PTA District

SCHOOL NAME AND ADDRESS

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

**I AM A DELAWARE VIP MEMBER:** [ ] YES [ ] NO
PRINCIPAL'S NAME NAME OF GUIDANCE COUNSELOR:

DELAWARE COLLEGE OR UNIVERSITY YOU ARE PLANNING TO ATTEND:

MAJOR:

HAVE YOU BEEN ACCEPTED?

***(Student MUST pursue a career in education or early childhood education, preference is given to attendance of a Delaware college or university)***

TENTATIVE CAREER PLANS, INCLUDING SUBJECT, OR FIELD:

REASONS FOR CHOOSING THE STATED CAREER: (NO MORE THAN 100 WORDS):

***(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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Explain your need for scholarship assistance and plan for financing your college education: (no more than 100 words)

## ACTIVITIES

List community activities/experiences:

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Offices Held** | **School Years** | **Hrs/Wk** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List honors received:

List work experiences:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Type of Work** | **Hrs/Wk** | **Date of Employment** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List school activities/clubs/experience:

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

## 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 31st**

**FAXES WILL NOT BE ACCEPTED**

 Student Application

 Three Letters of Recommendation

 School Administration Support Form

 Transcript and Test Scores

\_\_\_\_\_\_\_\_\_ College Acceptance Letter

 \_

(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.

 \_

(Name of School) (School Telephone Number)

 \_

MAIL TO: (Date)

DELAWARE PTA

SCHOLARSHIP CHAIR

925 BEAR CORBITT RD

BEAR, DE 19701