# 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***

The number and amount of scholarships awarded each year depends on proceeds of Delaware PTA projects, donations and functions.

## Applicant Eligibility

**Students must:**

* Attend a school that has an **active PTA or PTSA** association in good standing of which you are a member OR be a **Delaware PTA VIP member (**[delawarepta.org/join-pta-today/](https://delawarepta.org/join-pta-today/)).
* 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 January, high school principals and guidance departments receive scholarship information to copy and distribute to eligible students.
* The student completes the current Student Application, obtains two 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 JUNE.
* Consideration is given to academic achievement, financial need, and school/community activities.
* Scholarship recipients are notified by mail (JUNE) 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.

## Deadline

* Must be postmarked or submitted via email by JUNE 15, 2020. Send completed application to:

Delaware PTA

Attention: Scholarship Chair

925 Bear Corbitt Rd

Bear, DE 19701

Or via email to [admin@delawarepta.org](mailto:admin@delawarepta.org) (Email is preferred)

**Checklist**

The completed application packet must include:

\_\_\_ Student Application

\_\_\_ Two (2) letters of recommendation (these may be sent directly to admin@delawarepta.org)

\_\_\_ School Administration Support Form

\_\_\_ Transcript

\_\_\_ Test scores

## 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

Questions? Contact Delaware PTA at [admin@delawarepta.org](mailto:admin@delawarepta.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

or email to [admin@delawarepta.org](mailto:admin@delawarepta.org).

**Postmarked** or emailed no later than JUNE 15, 2020

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| --- | --- | --- | --- | --- | --- | --- | --- |
| *Please indicate which scholarship you are applying for:* | | | | | | | |
| **DEBBIE KING** | |  | | **BETTY LEWIS** | |  | |
|  | |  | |  | |  | |
| **APPLICANT CONTACT INFORMATION** | | | | | | | |
| Student Name |  | | | | Grade | |  |
| Address |  | | | |  | |  |
| Email |  | | | | Preferred Phone | |  |
| Date of Birth |  | |  | |  | |  |
|  | | | | | | | |
| **SCHOOL CONTACT INFORMATION** | | | | | | | |
| School Name |  | |  | | Phone | |  |
| Address |  | |  | |  | |  |
| My School has an active PTA or PTSA in good standing? | | | | | \_\_\_ Yes | | \_\_\_ No |
| I am a member of my school’s PTSA or a Delaware VIP Member | | | | | \_\_\_ Yes | | \_\_\_ No |
| Principal | | |  | | | | |
| Guidance Counselor: | | |  | | | | |
|  | | | | | | | |
| **COLLEGE PLANS** | | | | | | | |
| College or University you are planning to attend | | | | |  | | |
| Planned Major: |  | | | |  | |  |
| Have you been accepted? | |  | |  | | | |
| Tentative Career Plans including subject or field: | | | | | | | |
|  | | | | | | | |
| Reasons for choosing the stated career (no more than 100 words): | | | | | | | |

*Notes:*

* *Winners will be contacted for SSN*
* *Student MUST pursue a career in education or early childhood education*

***(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) |
|  |

## ACTIVITIES

List community activities/experiences:

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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

Letters of recommendation should be emailed directly from teachers or administrators to [admin@delawarepta.org](mailto:admin@delawarepta.org). Please list individuals that will be submitting recommendations on your behalf:

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

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 available |  |
|  |  |  |  |
| 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 OR EMAILED NO LATER THAN JUNE 15, 2020**

|  |  |  |
| --- | --- | --- |
|  |  | Student Application |
|  |  | Two Letters of Recommendation |
|  |  | School Administration Support Form |
|  |  | Transcript and Test Scores |

(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)

(Date)

MAIL TO:

Delaware PTA

Attention: Scholarship Chair

925 Bear Corbitt Rd

Bear, DE 19701

Or email to [admin@delawarepta.org](mailto:admin@delawarepta.org) (email is preferred)