

OFFICIAL USE ONLY: Application # _____ Unit in good standing _____
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PTA UNIT NAME: _____

PTA UNIT CODE: ____ - ____

PTA UNIT PRESIDENT SIGNATURE: _____

Student must attend a high school in New York State in a school where there is a PTA/PTSA unit in good standing.

STUDENT APPLICATION FOR JENKINS MEMORIAL SCHOLARSHIP

PART A – INSTRUCTIONS TO STUDENTS (PLEASE PRINT OR TYPE)

(Read carefully before completing application)

1. Have the PTA president fill out and sign the PTA Unit information at the top of the page. (A **blank** will automatically **disqualify** the application!)
2. Follow all directions carefully. Give detailed answers to ALL questions on this application.
3. The transcript is the only attachment allowed. All other supplemental sheets (including an essay and recommendations attached rather than using the space provided) will not be considered.
4. Application must be signed by the student and a parent or guardian.
5. When you have completed your part of the application, give it to your school principal or guidance counselor to complete the recommendation section of the application and attach a transcript.

CHECK LIST: Be sure that all of the following items have been completed. Any missing information will **disqualify** the application.

- PTA unit president signature
- Student, parent or guardian (Part A) **and** guidance counselor or principal signatures (Part B)
- A copy of an official transcript
- Student essay must be typewritten and **cannot** be longer than 300 words

Name _____

Address _____

City _____ Zip _____

Telephone () _____ Telephone () _____

Name of Parent or Guardian _____

Address (only if different than student) _____

Name of High School _____

School Address _____

City _____ Zip _____

List all colleges to which applications have been/are to be made (at least one SUNY school must be applied to):

I plan to be a classroom teacher and will seek a certificate to teach in the following area:

Elementary Secondary Special Education

Subject Area: _____

If selected for an interview, please select **three** locations **only** in order of preference (1 – 2 – 3) and the date which is most convenient. Since all sites may not be used, second and third choices are required.

March 2, 2019:

Buffalo _____ Hyde Park/
Poughkeepsie _____ Suffolk _____

March 9, 2019:

Albany _____ Nassau _____

Have you applied for any other scholarships? Yes No

If yes, list scholarships with amount of each _____

Are you the recipient of any other scholarships (veterans, corporations, etc.)? Yes No

If yes, list scholarships with amount of each _____

**NOTE: The acceptance of other scholarships or grants exceeding \$16,000 (sixteen thousand dollars) would make you ineligible for a Jenkins Memorial Scholarship for Teacher Education. Notification must be given to the NYS PTA office immediately upon acceptance of any scholarships or grants exceeding \$16,000.*

High school government office(s) held:

Name of high school honor society to which you have been inducted, if any:

List any high school honors received:

Name your primary extra-curricular activities in high school:

List your out-of-school activities:

List your hobbies:

List any work experience you have had:

Using the space provided below (attached sheets will not be considered), Please **type** a statement of *not more than 300 words*: **“I want to be a teacher because...”** Handwritten statements will disqualify applicant.

I have carefully read the information on page (1) of this form and I fully understand the requirements and obligations of the New York State PTA Jenkins Memorial Scholarship for Teacher Education for which I am making this application. I understand that I must enroll in a baccalaureate degree program for education at a State University of New York or two-year Community College to prepare for teaching should I be awarded a Jenkins Memorial Scholarship.

Date _____ Student Signature _____

Parent/Guardian Signature _____

NOTE: COMPLETED APPLICATIONS WITH TRANSCRIPT MUST BE POSTMARKED, NOT METERED, BY *DECEMBER 15, 2018* TO BE CONSIDERED. FAXED COPIES ARE NOT ACCEPTABLE.

**ALL INTERVIEWS WILL BE HELD ON SATURDAY,
MARCH 2 AND MARCH 9, 2019**

Alternate dates and locations will be scheduled **ONLY** in the event of inclement weather conditions.

PRINCIPAL'S OR GUIDANCE COUNSELOR'S RECOMMENDATION (CONFIDENTIAL)
JENKINS MEMORIAL SCHOLARSHIP

PART B - INSTRUCTION TO PRINCIPAL OR GUIDANCE COUNSELOR:

1. Please complete all information on this form. The transcript is the only attachment allowed. All supplemental sheets (including an essay attached rather than using the space provided and recommendations) will not be considered.
2. Attach the student's official transcript to the completed original application.
3. Check to see if student has completed all information requested on PART A of application. Absence of the PTA unit code number, PTA president's signature, student signature, parent or guardian signature, and guidance counselor signature, as well as an essay no longer than 300 words will disqualify the application.
4. Send the completed Part A Student Application, Part B Principal or Guidance Counselor Recommendation Form and the transcript to:
NYS PTA
Awards Specialist
One Wembley Court
Albany, New York 12205-3830

Name of Applicant

Your assessment is based on: (Please check the appropriate items.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Personal Acquaintance | <input type="checkbox"/> Reports of Instructors | <input type="checkbox"/> Personal Observations |
| <input type="checkbox"/> Casual Acquaintance | <input type="checkbox"/> School Records | <input type="checkbox"/> Other |

Class Rank of Applicant _____ Number in Class _____

Actual Average (Unweight) _____

Weighted Average _____

(Please submit scores for either SAT, ACT or both)

	Evidenced - Based Reading & Writing _____	Math _____	Date _____
SAT:	Composite _____	Date _____	

How long has the applicant been a student in your school? _____

In your opinion has the applicant an aptitude for teaching? _____

Give reasons: _____

Write a short statement below on the applicant with regard to each of the following characteristics:

SCHOLARSHIP _____

PERSONALITY _____

LEADERSHIP (outside of school) _____

SCHOOL LEADERSHIP _____

RESPONSIBILITY _____

INITIATIVE _____

Note: This form must be filled out completely for the application to be considered. SUPPLEMENTAL RECOMMENDATION PAGES WILL NOT BE ACCEPTED.

Name of Principal or Guidance Counselor _____

Signature _____

School District _____

School _____

School Address _____

School Telephone Number () _____ Date _____

COMPLETED APPLICATION AND TRANSCRIPT MUST BE SENT TO THE NYS PTA OFFICE POSTMARKED, NOT METERED, BY DECEMBER 15, 2018 TO BE CONSIDERED.

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