

PTA UNIT NAME: \_\_\_\_\_

PTA UNIT CODE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

OFFICIAL USE ONLY:

Application # \_\_\_\_\_  
Unit in good standing \_\_\_\_\_

(Only members of units affiliated with the National PTA and New York State PTA may apply. The president acknowledges that the unit is in good standing, bylaws current, membership and insurance paid by signing above).

## APPLICATION

### New York State PTA Teacher Fellowship for Graduate Study - In Memory of Richard Gazzola

Mr., Mrs., Ms. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Name on Teaching Certification, if different \_\_\_\_\_

Masters Degree(s) Completed on \_\_\_\_\_

at \_\_\_\_\_

Presently Teaching at \_\_\_\_\_

School District \_\_\_\_\_

School Address \_\_\_\_\_

Subject/Grade \_\_\_\_\_ Dates \_\_\_\_\_

School(s) Previously Taught At:	Subject/Grade	From - To
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of College/University you will register for your continuing credits or doctorate courses:  
\_\_\_\_\_

Advance Study you plan to pursue \_\_\_\_\_

Number of Credits \_\_\_\_\_

Have you applied to any other source for a similar grant for this course of study? Yes  No

Have you received a previous NYS PTA Teacher Fellowship for Graduate Study - In Memory of Richard Gazzola?

Yes  No

If yes, year received \_\_\_\_\_. An official transcript of work completed under the Fellowship must be submitted.

**STATEMENT OF PTA MEMBERSHIP AND PARTICIPATION** in either the school where you teach or where your children attend.

I am a member of the \_\_\_\_\_ PTA.

PTA Unit Code Number **MUST BE INCLUDED** (available from the unit president) \_\_\_ - \_\_\_\_

PTA Position(s) Held and Dates \_\_\_\_\_

**Statement of Purpose of Planned Course of Study**

Please type the names of courses you will take and how they relate to your continuing education or doctorate program in the space provided below.

Include your reason for applying for the Fellowship. ***This fellowship is to be used for course work completed after the application submission. No course work taken prior to the application will be considered. Handwritten statements will not be considered.*** Remember, financial need is NOT considered. Use this sheet only.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

**INSTRUCTIONS TO APPLICANT:**

1. Arrange to have your official transcript for the graduate degree sent directly to the NYS PTA office from college or university.
2. Make sure your application is completely filled out
3. Submit letters of recommendation from PTA president and Principal or Superintendent

NYS PTA publishes photographs, award presentations, press releases and other materials, both in print and on the Internet, where images, names and schools of the Gazzola Fellowship winners are published.

Check this box to opt out of having the applicant's photo, name and school disclosed from the media information stated above.

Completed applications including transcripts and letters of recommendation must be postmarked, not metered, no later than June 15, 2021 to be considered. Fax copies are NOT acceptable. Please mail to:

Awards Specialist  
NYS PTA  
One Wembley Court  
Albany, NY 12205-3830