

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 _____

Master's 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, 2022 to be considered. Fax copies are NOT acceptable. Please mail to:

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