



OFFICIAL USE ONLY:  
 Application # \_\_\_\_\_  
 Unit in good standing \_\_\_\_\_

**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
- Picture of Student

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (cell) ( ) \_\_\_\_\_ Telephone (home) ( ) \_\_\_\_\_

Email \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address (only if different than student) \_\_\_\_\_

Name of High School \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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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 a virtual interview, please indicate which date is most convenient for you by order of preference. You may select one or both.

Preference One:

Preference Two:

**March 4, 2023:**           This is my first preferred date

This is my second preferred date

**March 11, 2023:**           This is my first preferred date

This is my second preferred date

Have you applied for any other scholarships?          Yes           No

If yes, list scholarships with amount of each \_\_\_\_\_

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

If yes, list scholarships with amount of each

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*\*NOTE: The acceptance of other scholarships or grants totaling \$16,000 (sixteen thousand dollars) or more 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 totaling \$16,000 or more.*

High school government office(s) and/or other student leadership roles held:

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

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List any high school honors received:

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Name your primary extra-curricular activities in high school:





**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 the student has completed all information requested on PART A of application. Absence of the PTA 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

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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)*

SAT: Evidenced - Based Reading & Writing \_\_\_\_\_ Math \_\_\_\_\_ Date \_\_\_\_\_

ACT: 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 (50 words or less):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write a short statement below on the applicant with regard to each of the following characteristics, Leadership (both inside and outside of school), Personality, and Responsibility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

Email \_\_\_\_\_

\* If other than principal or guidance counselor, have you been authorized to make this report for him/her? \_\_\_\_\_

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

School \_\_\_\_\_

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

Telephone Number of School ( ) \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETED APPLICATION AND TRANSCRIPT MUST BE SENT TO THE  
NEW YORK STATE PTA OFFICE POSTMARKED, NOT METERED,  
BY DECEMBER 15, 2022 TO BE CONSIDERED.**

FAXED COPIES AND EMAILED COPIES ARE NOT ACCEPTABLE.