

Jenkins Memorial Scholarship 2025-2026

PTA UNIT NAME: _____

PTA UNIT CODE: _____ - _____

PTA UNIT PRESIDENT SIGNATURE: _____

The applicant **MUST** currently attend a high school in New York State that has a PTA/PTSA unit in good standing.

Part A - STUDENT APPLICATION**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. Complete the student section of the application.
6. Give the recommendation section to your school principal, guidance counselor, or teacher to complete. The guidance office should mail the student section along with the recommendation section and the transcript to the NYS PTA state office.

**You must use a current email address and phone number that you check often.
This is how we will communicate with you throughout the process.**

Applicant Name _____

Address _____

City _____

State _____

Zip _____

Student Telephone (cell) () _____

Home/Parent Telephone () _____

Students' Email _____

Name and Email of Parent or Guardian _____

If selected for a virtual interview, please indicate which date is most convenient for you by order of preference. We will do our best to accommodate your request, but we are unable to guarantee.

Preference One:

Preference Two:

March 7, 2026:☐ This is my first preferred date☐ This is my second preferred date**March 14, 2026:**☐ This is my first preferred date☐ This is my second preferred date

Student and Parent Consent Form

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.

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 Jenkins Scholarship winners are published.

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

NOTE: COMPLETED APPLICATION WITH TRANSCRIPT MUST BE POSTMARKED, NOT METERED, BY *DECEMBER 15, 2025* TO BE CONSIDERED.

FAXED COPIES ARE NOT ACCEPTABLE.

**ALL INTERVIEWS WILL BE VIRTUAL AND WILL BE HELD ON
MARCH 7 AND MARCH 14, 2026**

Application must be signed by the student and the parent/guardian.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

List all the colleges to which applications have been/are to be submitted (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 ☐

K-12 ☐

Subject Area: _____

High School Name:

School Address:

High school leadership positions/roles (clubs/sports):

High school honor societies to which you have been inducted, if any:

List any honors/awards received while in high school:

List your extra-curricular activities in high school:

List your out-of-school and/or volunteer activities:

List your hobbies:

List any work experience you have had:

STUDENT ESSAY
“I want to be a teacher because...”

Using the space provided below (attached sheets will not be considered), please **type** a statement of *not more than 300 words*. Handwritten statements will disqualify applicant.

Please include ALL of these items in your essay (in any order):

- The reason why you want to be a teacher
- Any related teaching, coaching, and mentoring experiences you have
- Your proudest educational achievement
- The qualities of a good teacher
- Any changes you'd like to see in education as an aspiring teacher

PART B

To be completed by a Principal, Teacher, or School Counselor
ALL ANSWERS MUST BE TYPED

Please return the completed page to the applicant's school counselor! No attachments will be accepted. Students will be judged based on the answers you provide in this section. Please be thorough and specific.

Applicant Name: _____

In what capacity do you know the applicant?

In the space provided, please explain how the applicant shows an aptitude for teaching based on your interactions.(50 words or less):

Write a short statement below on the applicant with regards to each of the following characteristics – you may include information that pertains to both inside and outside the school:

Leadership:

Personality:

Responsibility:

Name of Person completing the recommendation: _____

Position within the school: _____

School email: _____ Work Phone: _____

Signature: _____ Date: _____

PART C

To be completed by the school counselor responsible for submitting the application

PART A - STUDENT APPLICATION CHECKLIST: Be sure that all of the following items have been completed by the student in Part A. **Any missing information will disqualify the application.**

- ☐ PTA unit president signature, unit code, and unit name are on page one. (Part A)
- ☐ Student, parent or guardian information and signatures are on page one. (Part A)
- ☐ The student has completed the experience portion of their application. (Part A)
- ☐ Student essay is **typewritten** and is **not** longer than 300 words. (Part A)

PART B- INSTRUCTION TO PRINCIPAL, TEACHER, OR SCHOOL COUNSELOR CHECKLIST: Be sure that all of the following items have been completed by the appropriate staff in Part B. **Any missing information will disqualify the application.**

- ☐ The confidential recommendation was completed by a school principal, teacher, or school counselor and is included in this application. All attached supplemental sheets (including an essay and recommendations) will not be considered. You must use the space provided on the application.
- ☐ Attach the student's official transcript to the completed original application.
- ☐ Send the completed Part A Student Application, Part B Principal, Teacher and/or School Counselor Recommendation Form, and Part C the School Counselor page with the Official Transcript to:

NYS PTA
Awards Coordinator
One Wembley Court
Albany, New York 12205-3830

Unweighted Average _____

Weighted Average _____

Counselor Name _____

Counselor Phone Number _____

**COMPLETED APPLICATION AND TRANSCRIPT MUST BE SENT TO THE
NEW YORK STATE PTA OFFICE POSTMARKED, NOT METERED,
BY DECEMBER 15, 2025 TO BE CONSIDERED.**

**FAXED COPIES AND EMAILED COPIES ARE NOT ACCEPTABLE.
NO ATTACHMENTS ACCEPTED EXCEPT FOR TRANSCRIPT.**