OFFICIAL USE ONLY:

Application #_____

Teacher Fellowship for Graduate Study - In Memory of Richard Gazzola

Only members of units affiliated with the National PTA and New York State PTA may apply.
Unit must be in good standing.

STATEMENT OF PTA MEMBERSHIP 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**)** __ __ - __ __ __

Requirements for application:

- Completed at least one full year of teaching in the year immediately preceding applying
- Plus one of the following:
  - Working toward a master's degree
  - Working toward a doctoral degree
  - Working on CTLE

INSTRUCTIONS TO APPLICANT:

1. Make sure your application is completely filled out.
2. Submit letter(s) of recommendation (no more than 2) from PTA President, Principal or Superintendent.
3. Submit confirmation of course(s) enrollment.
4. Arrange for an official transcript to be sent to the state office upon completion of courses.
5. Arrange to submit a letter from your principal or department chair attesting to the fact you have taught for one year after receiving the grant.

Completed applications including letters of recommendation must be submitted no later than February 15, 2027 to be considered.

Name: _____

Address: _____

_____

Email: _____

Telephone: (___)_____ **Name on Teaching Certification, if different:** _____

Presently Teaching at: _____

School District: _____

School Address: _____

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Subject/Grade: _____Teaching Dates: _____

Name of College/University you will register for your CTLE credits, Master's or Doctoral courses:

_____

Advanced 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.

<u>Statement of Purpose of Planned Course of Study</u>

In the space provided-

- Please type the names of courses you will take and how they relate to your continuing education, Master's or Doctoral program. (Courses including guidance or administrative positions shall not be considered.)
- Include your reason for applying for the Fellowship.

*This fellowship is to be used for coursework completed after the application submission. No coursework taken prior to the application will be considered. Handwritten statements will not be considered. Remember, financial need is **NOT** considered. (500 words maximum)*

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Date

Signature

Funds to be used anytime up to August of the year following receipt of the grant. Failure to fulfill the requirements of the grant will result in the award becoming a loan to be repaid to the New York State PTA Teacher Fellowship Fund at prime rate plus 1% from the date of default.

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 letters of recommendation must be postmarked, not metered, no later than February 15, 2027 to be considered. Fax copies are NOT acceptable. Please mail to:

Awards Coordinator- Gazzola Application
NYS PTA
One Wembley Court
Albany, NY 12205-3830

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