



Student Scholarship Information

Arlington Council of PTAs 7th VP
Zenova Williams
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2018/2019

<u>Named Scholarships are:</u>	<u>Recipients</u>	<u>Amount</u>
Era Morgan Cribbs Memorial	One given citywide	\$500.00
Dora Nichols Memorial	One given citywide	\$500.00
Woodrow Counts	One given citywide	\$500.00
Arlington Council of PTAs	Two per high school	\$500.00

Scholarship Guidelines

Deadline: Friday, March 1, 2019 (must be received by)

Selection for the Arlington Council of PTAs Student Scholarship will be based on academic record, school and community involvement, financial need, work experience, and completeness of form.

The Arlington Council of PTAs has established the following guidelines in authorizing this scholarship program. Only complete applications received by the due date will be considered. All information on this application shall be considered confidential.

Applicant and a parent or guardian must be a member of a Local PTA/PTSA within the Arlington ISD boundaries. The Local PTA must be in good standing with the Arlington Council of PTAs and Texas PTA. Applicant's and parent's or guardian's name must be on the current membership list that has been sent off to Texas PTA State Office at the time of application.

SCHOLARSHIP CHECKLIST

Personal Profile

- Briefly state any comments about yourself that will help the scholarship committee get to know you better as an individual. These comments may include such things as your goals, interests, special needs, or attributes. Please use a separate piece of paper and limit your response to one page.

Letters of Recommendation

- Include one recommendation letter from a teacher, counselor, or school principal.
- Include one recommendation letter from an employer, minister, neighbor, or adult friend over 21 years of age.

Application, pages 1 and 2 only – completed and signed

1. High School Transcript – including 7th semester
2. Personal Profile Letter
3. Letters of Recommendation

Please note: Any additional information provided with this application other than what is required above will be discarded and not used in the evaluation process.

No late applications or information will be accepted.

Please Paper Clip your information together, and return to your
Local PTA Scholarship Chairman.

ARLINGTON COUNCIL OF PTAs STUDENT SCHOLARSHIP APPLICATION 2018/2019

List the name of the Local PTA where you and your parent or guardian is a member _____

PTA Member's Name and address _____

PTA Member's email address _____

GENERAL INFORMATION

Name _____ Age _____

Address _____ Zip _____ Phone _____

Father's Name _____ Occupation _____

Address _____ City _____ Zip _____

Mother's Name _____ Occupation _____

Address _____ City _____ Zip _____

With whom do you live? _____

List Siblings at: Home College or Vocational School
 Age _____ Age _____ Age _____ Age _____
 Age _____ Age _____ Age _____ Age _____

Family Annual Income:
_____ \$0 - \$25,000 _____ \$50,001 - \$75,000 _____ over \$100,000
_____ \$25,001 - \$50,000 _____ \$75,001 - \$100,000

Please provide any information you would like the committee to consider regarding your financial need.

HIGH SCHOOL ACADEMIC PROFILE

SAT: Reading _____ Math _____ Writing _____ Total _____ ACT: Composite _____

Number in your class _____ Rank in your class _____ GPA _____

I understand that if I am selected to receive a scholarship, my final approval is contingent upon the completion of my high school requirements prior to August 31 of my graduating year. If I do not meet this requirement, I relinquish any right to the Arlington Council of PTAs scholarship. I also understand that I must be enrolled in college no later than the fall semester following my high school graduation or I forfeit the scholarship. If I receive notification of a full scholarship by May 1, I agree to forfeit the Arlington Council of PTAs scholarship.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

