



Student Scholarship Information

Arlington Council of PTAs 7th VP – Scholarship
arlingtoncouncilofptas@gmail.com

<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

2022/2023

Scholarship Guidelines

Deadline: Must be received by Friday, March 24, 2023

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 names** 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

- € High School Transcript – including 7th semester
- € Personal Profile Letter
- € 2 Letters of Recommendation (as detailed above)

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, place in a 9 X 10 envelope,
and return to your Local PTA Scholarship Chairman.

ARLINGTON COUNCIL OF PTAs STUDENT SCHOLARSHIP APPLICATION 2022/2023

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

Age _____

Name _____

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

EDUCATIONAL PLANS: What are your top three choices for college/vocational schools?

#1 _____ #2 _____ #3 _____

What major course(s) of study are you considering at this time? _____

EMPLOYMENT INFORMATION: Please list your employment record for the last four years and note if you worked during the school year or summer break.

Place	Position	School Year/ Summer Break	Date (Month/Year)	Hours/Week
			From _____ To _____	
			From _____ To _____	
			From _____ To _____	
			From _____ To _____	
			From _____ To _____	

HIGH SCHOOL, COMMUNITY, CHURCH ORGANIZATIONS and ACTIVITIES: Please list all organizations and activities in which you have been involved in for the past four years. Include grade, honors/awards received, and offices held. Do not add a resume. (Please use the format shown below on an additional page if you need more space.)

Grade	Organization/Activity	Honor/Award	Office Held