

Georgia PTA 2017 Student Scholarship Application

Applicant please complete:

Name _____

High School _____

Class Rank _____ Grade Point _____

PTA Council/District name _____

PTA District number # _____

GA Membership Number (student) _____

GA Membership Number (parent) _____

Scholarship money received total \$ _____

Georgia
PTA[®]

everychild.onevoice.[®]

OFFICE STAFF ONLY

Received:

**Adjusted gross Income reported to IRS for current year: \$ _____

Application Qualifications and Check List

A student is eligible to apply for a Georgia PTA Student Scholarship if he/she:

1. Is a graduating senior of a Georgia high school with a PTA/PTSA.
2. Parent/guardian is a **current member** of PTA/PTSA. The PTA/PTSA must be in good standing (i.e., dues paid, approved bylaws on file).
3. Student **AND** parent/guardian must provide a **copy** of PTA/PTSA membership card with application.
4. Will attend a college, university, post-secondary institution or trade/vocational school during the upcoming school year.
5. Has exhibited good character.
6. Has a satisfactory scholastic record. Grade point **2.5** or higher on a 4.0 scale.
7. Has not received a **full** scholarship(s) and/or does not have a **financial need**.
8. Is NOT related to a member of the Georgia PTA Board of Directors nor an appointed Specialist or Consultant.

Check off List: PLEASE STAPLE ALL PAGES TOGETHER and DO NOT FOLD application.

- Completed and signed** where needed by applicant and parent/guardian
- Two (2) typed letters of recommendations from an adult that is not a relative (one page stapled to application. **Do not put in a sealed envelope or fold.**)
- Essay **one (1) page ONLY, 12 pt. Times New Roman font, double-spaced and typed; type your name in the upper right hand corner of the page.** Judges will consider the following criteria in selecting winners: correct use of grammar and punctuation, and overall appearance of the essay. **Answer these questions in two (2) paragraphs only.**
 - What is your proposed field of study?
 - Why have you chosen this career field?
- COPY** of official high school transcript
- Disbursement of Scholarship Funds Disclaimer (Signed by parent/guardian)
- Applicant and parent/guardian is a current PTA/PTSA member **AND** **MUST provide a COPY** of PTA/PTSA membership card with application

The number and amount of each scholarship is determined by donations.

Due on or before Monday, April 24, 2017 via certified mail to:

Georgia PTA Student Scholarship

114 Baker Street NE

Atlanta, Georgia 30308-3366



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Scholarship Application (Page 1 of 4)

A. Student Profile:

Name _____

Address _____

City/State/Zip _____ Phone _____

Email Address _____

Parent/Guardian email address _____

Parent/Guardian Address (if different from above) _____

Parent/Guardian Phone _____

Parent/Guardian Signature _____

B. Academic Profile:

High School Name _____ Graduation Date: _____

What is the date of your high school's awards ceremony? _____

Address _____

City/State/Zip _____ Phone _____

Grade Point Average (on a 4.0 scale) _____ ACT Score: _____ SAT Score: _____

To what colleges have you applied?

Name: _____ City/ State: _____

Accepted?

yes or no

Name: _____ City/ State: _____

yes or no

Name: _____ City/ State: _____

yes or no

What college/university/trade or vocational school do you **plan to attend**? Accepted: yes or no

What will be your major area of study? _____

Deadline: Postmarked via certified mail on or before Monday, April 24, 2017

Georgia PTA Scholarship Application (Page 2 of 4)

List the scholarships you have already been awarded and the amount:

Scholarship Name/Provider _____ Amount _____

Scholarship Name/Provider _____ Amount _____

Scholarship Name/Provider _____ Amount _____

Awards and Recognition Received (school, church, community, other): USE THIS SPACE ONLY.

List your **Community Service** activities. Include the number of hours spent on these activities:

C. References- Letters of recommendations from:

1. Name _____ Title/Relationship _____
Email Address _____ Phone Number _____

2. Name _____ Title/Relationship _____
Email Address _____ Phone number _____

All information provided in this package is correct to the best of my knowledge. If I receive a scholarship award, I hereby give permission to Georgia PTA to utilize my name, photo, and scholarship award in any publicity/marketing materials.

APPLICATION FOR DISBURSEMENT OF SCHOLARSHIP FUNDS DISCLAIMER

I, _____ (Parent/Guardian) acknowledge and understand that the scholarship awards received by the winners will be a lump sum check paid directly to the scholarship recipient (Student's name) _____.

Upon **proof of enrollment**, your reward will be issued.

Scholarship Award must be claimed by September 1, 2017 or it will be forfeited. No exceptions.

I recognize and accept these conditions for the disbursement of any scholarship award that my child may receive.

Applicant Signature

Parent/Guardian Signature

Date

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Georgia PTA Scholarship Application (Page 3 of 4)



Reference for student: _____

PLEASE GIVE TO YOUR REFERENCE

Thank you for agreeing to submit a typed letter of recommendation. This letter should be addressed to Georgia PTA Scholarship Committee and include:

- Name and address of reference
- Relationship to applicant (no relative)
- How long reference has known applicant
- Information regarding why applicant should receive the scholarship award

The letter should be given to the applicant to submit. **Do not seal in an envelope or fold.

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