

# VIRGINIA PTA SCHOLARSHIP PROGRAM

Virginia PTA is proud to offer scholarships to graduating Virginia high school students planning to enter teaching or other youth serving professions. Each year, two special scholarships are given. A \$1,200 scholarship memorializes M. Frieda Koontz, the Executive Secretary of the SCA from 1922-1950. Another \$1,200 scholarship honors S. John Davis, Virginia's Superintendent of Schools from 1979-1989. Additional \$1,000 scholarships complete the awards.

The number of scholarships awarded each year depends on proceeds of special Virginia PTA projects and functions. All revenue from the PTA Presidents Honor Awards, Life Membership Awards, Student Leadership Awards, and Distinguished Service Awards presented throughout the state each year go directly to the Scholarship Fund. Each year Virginia PTA holds an auction at the Leadership Training Conference, to provide additional revenue to the Scholarship Fund. Donations in honor or in memory of special individuals are always welcome, as well as contributions to the fund.

## **Applicant Eligibility**

- the student's schools have a PTA or PTSA association in good standing.
- be a resident of Virginia graduating from a public Virginia high school
- be planning to pursue a career in teaching or qualifying for service with a youth serving agency
- enter a Virginia college or university in September following the date of application for the scholarship
- must have an average of 2.5 (on a scale of 4.0) or better
- the scholarship is based on financial need and academic achievement

## **Administrative Procedures**

- PTA/PTSA Presidents and High School Guidance Departments receive scholarship information to copy and distribute to eligible students
- Student completes the current Student Application, obtains three letters of recommendation, and returns all to the guidance counselor
- School principal and guidance counselor complete/sign the School Administration Support Form, provide a copy of student's transcript, test scores, and attach to Student Application and Recommendations for a completed application packet
- Guidance Counselor forwards completed application packet to Virginia PTA
- Scholarship Selection Committee meets in March-consideration is given to academic achievement, financial need, and school/community activities
- Scholarship recipients notified by mail (April-May) and required to return a letter of acceptance.
- Scholarship money will be sent directly to the student upon receipt of a copy of the college registration form

## **Deadlines**

- **State Deadline – March 1 2012 (Postmarked)**
- Send completed application to Virginia PTA,  
Attention: Scholarship Chair, 1027 Wilmer Avenue, Richmond, VA 23227-2419
- The completed application packet includes Student Application, three (3) letters of recommendation, School Administration Support Form, transcript, and test scores
- No **FAXES** Permitted

## **Application**

Applications for the Scholarship Program are located at the following locations:

- Virginia PTA web site at [www.vapta.org](http://www.vapta.org)
- School Guidance Departments
- Contact Virginia PTA at [info@vapta.org](mailto:info@vapta.org), 1-866-4vakids, or 804-264-1234 (Richmond area)

**VIRGINIA PTA SCHOLARSHIP  
2011-2012 APPLICATION  
(TO BE COMPLETED BY STUDENT AND RETURNED TO GUIDANCE)**

Application MAILED to Virginia PTA,  
Attention: Scholarship Chair, 1027 Wilmer Avenue, Richmond, VA, 23227-2419

**Postmarked no later than March 1, 2012**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_ SSN (only winners will be contacted for SSN)

DATE OF BIRTH \_\_\_\_\_ PTA District \_\_\_\_\_

SCHOOL NAME AND ADDRESS \_\_\_\_\_  
\_\_\_\_\_

SCHOOL TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

PRINCIPAL'S NAME \_\_\_\_\_

NAME OF GUIDANCE COUNSELOR: \_\_\_\_\_

VIRGINIA COLLEGE OR UNIVERSITY YOU ARE PLANNING TO ATTEND: \_\_\_\_\_  
\_\_\_\_\_

MAJOR: \_\_\_\_\_ HAVE YOU BEEN ACCEPTED? \_\_\_\_\_  
(student MUST attend a Virginia college or university AND pursue a career in teaching or a youth serving profession)

TENTATIVE CAREER PLANS, INCLUDING SUBJECT, OR FIELD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASONS FOR CHOOSING THE STATED CAREER: (NO MORE THAN 100 WORDS): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(THIS PAGE MAY BE GIVEN TO YOUR COUNSELOR IN A SEALED ENVELOPE ALONG WITH YOUR COMPLETED APPLICATION)**

**FINANCIAL INFORMATION**

**Failure to provide complete and all required information will invalidate the application**

Employment of parents/guardians with whom applicant resides:

Occupation of Father/Guardian: \_\_\_\_\_

Annual adjusted income reported on Form 1040: \_\_\_\_\_

Occupation of Mother/Guardian: \_\_\_\_\_

Annual adjusted income reported on Form 1040: \_\_\_\_\_

Do you receive Social Security Benefits due to the death of a parent? Amount? \_\_\_\_\_

Does your custodial parent receive Spousal and/or child support? Amount? \_\_\_\_\_

List any additional revenue you or your parents might have, i.e. Trust Fund, Interest Accounts, Dividends: \_\_\_\_\_

Number of and ages of dependent children in family: \_\_\_\_\_

If any in college indicate where: \_\_\_\_\_

List other financial resources available to applicant for college (financial aid, student employment, other scholarships, support of non-custodial parent, etc.):

| <b>Resource</b> | <b>Amount</b> |
|-----------------|---------------|
|                 |               |
|                 |               |
|                 |               |
|                 |               |
|                 |               |

Explain your need for scholarship assistance and plan for financing your college education: (no more than 100 words)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## RECOMMENDATIONS

Attach three letters of recommendation. Please list individuals submitting recommendations:

| Name | Position |
|------|----------|
| 1)   |          |
| 2)   |          |
| 3)   |          |

I have read the regulations pertaining to the PTA Scholarship Program. If chosen for a scholarship grant, I agree to fulfill the obligation.

\_\_\_\_\_

(Signature of Applicant)

\_\_\_\_\_

(Date of Application)

### TO BE COMPLETED BY PARENT OR GUARDIAN:

I have reviewed the application and to the best of my knowledge all information is accurate. I believe that the applicant is serious in intent to complete a college education and with the help from the scholarship grant will be able to pursue their degree.

Other comments: \_\_\_\_\_

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(Signature of Parent or Guardian)

I have reviewed the application and to the best of my knowledge all information is accurate.

\_\_\_\_\_

(Date)

