

PTA UNIT NAME: \_\_\_\_\_  
PTA UNIT CODE: \_\_\_\_\_ - \_\_\_\_\_  
PTA UNIT PRESIDENT SIGNATURE: \_\_\_\_\_

**STUDENT APPLICATION FOR JENKINS MEMORIAL SCHOLARSHIP**

**PART A – INSTRUCTIONS TO STUDENTS (PLEASE PRINT OR TYPE)**

*(Read carefully before completing application)*

1. Have the PTA president fill out and sign the PTA Unit information at the top of the page. (A blank will automatically disqualify the application!)
2. Follow all directions carefully. Give detailed answers to ALL questions on this application.
3. The transcript is the only attachment allowed. All other supplemental sheets (including an essay and recommendations attached rather than using the space provided) will not be considered.
4. Application must be signed by the student and a parent or guardian.
5. When you have completed your part of the application, give it to your school principal or guidance counselor to complete their section of the application and attach a transcript.

Name \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip

Telephone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address (only if different than student) \_\_\_\_\_

Name of High School \_\_\_\_\_

School Address \_\_\_\_\_

City

State

Zip

List all the colleges to which applications have been/are to be made (at least one SUNY school must be applied to):

I plan to be a classroom teacher and will seek a certificate to teach in the following area:

Elementary \_\_\_\_\_ Secondary \_\_\_\_\_ Special Education \_\_\_\_\_

Subject Area: \_\_\_\_\_

If selected for an interview, please select the location and date which is most convenient. (Please indicate in order of preference 1-2-3 only.) Since all sites may not be used, second and third choices are required.

**March 3, 2012:**

Buffalo \_\_\_\_\_ New Paltz \_\_\_\_\_ Suffolk CC \_\_\_\_\_

**March 10, 2012:**

Brockport \_\_\_\_\_ Albany \_\_\_\_\_ Broome County CC \_\_\_\_\_ Nassau \_\_\_\_\_

Have you applied for any other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list scholarships with amount of each \_\_\_\_\_

Are you the recipient of any other scholarships (veterans, corporations, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list scholarships with amount of each

*\*NOTE: The acceptance of other scholarships or grants exceeding \$16,000 (sixteen thousand dollars) would make you ineligible for a Jenkins Memorial Scholarship for Teacher Education.*

High school government office(s) held:

\_\_\_\_\_

Name of high school honor society to which you have been elected, if any:

\_\_\_\_\_

List any high school honors received:

\_\_\_\_\_

Name your primary extra-curricular activities in high school:

\_\_\_\_\_

List your out-of-school activities:

\_\_\_\_\_

List your hobbies:

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List any work experience you have had:

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Using the space provided below (attached sheets will not be considered), Please **type** a statement of *not more than 300 words*: **“I want to be a teacher because...”** Handwritten statements will disqualify applicant.

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I have carefully read the information on page (1) of this form and I fully understand the requirements and obligations of the New York State PTA Jenkins Memorial Scholarship for Teacher Education for which I am making this application. I understand that I must enroll in a baccalaureate degree program for education at a State University of New York or two-year Community College to prepare for teaching should I be awarded a Jenkins Memorial Scholarship.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

**NOTE: COMPLETED APPLICATIONS WITH TRANSCRIPT MUST BE POSTMARKED, NOT METERED, BY *DECEMBER 15, 2011* TO BE CONSIDERED. FAXED COPIES ARE NOT ACCEPTABLE.**

**ALL INTERVIEWS WILL BE HELD ON SATURDAY,  
MARCH 3 AND MARCH 10, 2012**  
Alternate dates and locations will be scheduled **ONLY** in the event  
of inclement weather conditions.

**PRINCIPAL'S OR GUIDANCE COUNSELOR'S RECOMMENDATION (CONFIDENTIAL)**  
**JENKINS MEMORIAL SCHOLARSHIP**

PART B - INSTRUCTION TO PRINCIPAL OR GUIDANCE COUNSELOR:

1. Please complete all information on this form. The transcript is the only attachment allowed. All supplemental sheets (including an essay attached rather than using the space provided and recommendations) will not be considered.
2. Attach the student's official transcript to the completed original application.
3. Check to see if student has completed all information requested on PART A of application. Absence of the PTA code number will disqualify the application.
4. Send the completed Part A Student Application, Part B Principal or Guidance Counselor Recommendation Form and the transcript to:  
NYS PTA  
Awards Specialist  
One Wembley Court  
Albany, New York 12205-3830

\_\_\_\_\_ Name of Applicant

In your opinion has the applicant an aptitude for teaching? \_\_\_\_\_  
Give reasons \_\_\_\_\_

Your assessment is based on: (Please check the appropriate items.)

\_\_\_\_\_ Personal Acquaintance      \_\_\_\_\_ Reports of Instructors      \_\_\_\_\_ Person Observations  
\_\_\_\_\_ Casual Acquaintance      \_\_\_\_\_ School Records      \_\_\_\_\_

Class Rank of Applicant \_\_\_\_\_ Number in Class \_\_\_\_\_

Actual Average (3 years to December of senior year) \_\_\_\_\_

Weighted Average \_\_\_\_\_

*(Please submit scores for either SAT, ACT or both)*

SAT:      Verbal \_\_\_\_\_      Math \_\_\_\_\_      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ACT:      Composite \_\_\_\_\_      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

How long has the applicant been a student in your school? \_\_\_\_\_

Write a short statement below on the applicant with regard to the following characteristics:

SCHOLARSHIP \_\_\_\_\_

PERSONALITY \_\_\_\_\_

LEADERSHIP (outside of school) \_\_\_\_\_

SCHOOL LEADERSHIP \_\_\_\_\_

RESPONSIBILITY \_\_\_\_\_

INITIATIVE \_\_\_\_\_

Note: This form must be filled out completely for the application to be considered. SUPPLEMENTAL RECOMMENDATION PAGES WILL NOT BE ACCEPTED.

Name of Principal or Guidance Counselor \_\_\_\_\_

Signature \_\_\_\_\_

\* If other than principal or guidance counselor, have you been authorized to make this report for him/her? \_\_\_\_\_

School District \_\_\_\_\_

School \_\_\_\_\_

Address of School \_\_\_\_\_

Telephone Number of School \_\_\_\_\_ Date \_\_\_\_\_

COMPLETED APPLICATION AND TRANSCRIPT MUST BE SENT TO THE NEW YORK STATE PTA OFFICE POSTMARKED, NOT METERED, BY DECEMBER 15, 2011, TO BE CONSIDERED.

FAXED COPIES ARE NOT ACCEPTABLE.