

PTA COUNCIL OF HOWARD COUNTY SCHOLARSHIP APPLICATION

Please check all scholarship(s) for which you are applying.

- ACADEMIC
- TEACHER EDUCATION
- DR. CHARLES ECKER: Community or School Service
- M. THOMAS GOEDEKE: Community College (Associates Program), Trade or Technical School

Note: you may apply for one or more scholarships using a single application.

APPLICANT INFORMATION

Name _____ Age _____ Date of Birth _____

Address _____

Phone Number: Home _____ Cell _____

Email (print legibly): _____

High School _____ Graduation Date _____

PARENT INFORMATION

(required for all Scholarships except the Dr. Charles Ecker Scholarship)

FATHER

MOTHER

Name: _____

Employer: _____

Positions: _____

Income: _____

Home: own rent

Home: own rent

Marital Status: Single Married
Widowed Divorced

Marital Status: Single Married
Widowed Divorced

Number of persons dependent upon applicant's parents: _____

Please list any dependents name, age, relationship, occupation or school:

Are there any financial circumstances (e.g., medical expenses, alimony, cost for support or care of aged parents, etc.) that you feel the committee should be made aware of? Yes No
(Continue on a separate sheet of paper if needed and attach to application).

PLANS FOR CONTINUED EDUCATION

To which colleges, universities, or programs have you applied or been accepted?

Applied:

Accepted: _____

What course of study do you plan to pursue?

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ESSAY

Attach an essay between 350-600 words, in which you address the following information.

- 1. What would you like to get out of your college experience or what goals do you plan to pursue upon completion of your education?
- 2. For the Teacher Education Scholarship, why do you want to be a teacher?
- 3. List or describe school and community service activities in which you have participated, and what you learned from each experience.

You may use the Community Service Grid and provide (a) where you volunteered (b) starting date and ending date of each experience (c) what you did and (d) how many hours per week.

Note: The Community Service Grid form **must** be completed if you are applying for **Dr. Charles Ecker Scholarship**.

- 4. Awards or honors you have received during high school.
- 5. How you plan to finance your education.
- 6. Reasons why you should receive the scholarship.

REFERENCES

List the names and addresses of two references from school and community. One should be from a teacher or an employer.

Name	Mailing Address	Phone
1.	_____	_____
2.	_____	_____

Provide each reference with a recommendation form to be **returned in a sealed envelope** either by including in your packet, by US Postal mail, or by email to office@ptachc.org.

REQUIRED SIGNATURES (Digital signature if available or signed copy mailed to PTA Council office.)

Parent signature: _____ Date _____

Parent name (Print) _____

Applicant signature: _____ Date: _____