

## **CONTINUING EDUCATION SCHOLARSHIP FOR CREDENTIALLED CLASSROOM TEACHERS AND COUNSELORS**

The California State PTA will offer Continuing Education Scholarships for Credentialed Teachers and Counselors for up to \$500.00 each to elementary and secondary teachers and counselors employed in the public schools of California.

### **AVAILABILITY**

Scholarship funds are available from the California State PTA for continuing education use at an accredited college or university from January 1 through December 31. Courses must be completed by December 31 of the following year.

### **APPLICATION AND DUE DATE**

An application (including two reference forms) may be obtained from the California State PTA office or on the website at [www.capta.org](http://www.capta.org). References are to be completed by applicant's present principal, PTA president, and/or a person with whom applicant has worked in the past two years. Completed reference forms and letters should be given to the applicant in a sealed envelope to be included with the application packet. Reference form and letter must be written specifically for this scholarship application.

Reference forms and letters in sealed envelopes, a legible copy of applicant's current PTA/PTSA membership card on an 8-1/2 x 11 sheet of paper, and completed application are to be mailed together in ONE envelope to the California State PTA. Application envelope must be received in the California State PTA office by close of business November 15. When November 15 falls on a weekend, applications are due in the State PTA office by close of business the following Monday. Postmarks will not be accepted. Application will not be considered if received after due date or if any of the required materials are missing. Application and reference forms with letters must be mailed; facsimiles will not be accepted.

### **QUALIFICATIONS**

Scholarships are granted to credentialed teachers and counselors who were employed full time in the public schools in California during the preceding academic year, who have a minimum of three (3) years' teaching/counseling experience in California public schools, who have a full-time teaching or counseling contract for the current year and who plan to continue as a teacher or counselor. Applicants must be members of a PTA/PTSA unit in good standing and teach or have a counseling position at that PTA/PTSA school.

### **SELECTION**

Recipients are selected by representatives of the California State PTA Scholarship and Grant Committee. All applicants will be notified of their standing by letter in January. Upon proof of enrollment, a check for the scholarship is sent to each recipient's accredited college or university to be credited to the recipient's account.

# APPLICATION

## CONTINUING EDUCATION SCHOLARSHIP FOR CREDENTIALLED CLASSROOM TEACHERS AND COUNSELORS

*Course(s) must be completed by the following December 31*

Scholarship funds are available to credentialed teachers and counselors who have worked full time in the public schools in California during the preceding academic year, who have a minimum of three (3) years' teaching/counseling experience in California public schools, who have a full-time teaching or counseling contract for the current year and who plan to continue as a classroom teacher or counselor. Applicant must be a member of a PTA/PTSA unit in good standing and teach or have a counseling position at that PTA/PTSA school.

### DUE DATE FOR RETURN — NOVEMBER 15

**APPLICATION WILL NOT BE CONSIDERED IF RECEIVED AFTER DUE DATE**

*Please type or print legibly.*

Last Name	First Name	Middle Name
Street Address	City/State	Zip Code
( ) Telephone	E-mail	

**Total number of years:**

as a credentialed teacher/counselor \_\_\_\_\_ credentialed teacher/counselor in California \_\_\_\_\_

Complete Name of School	Telephone
Street Address of School	City/State
	Zip Code

SIGNATURE of applicant (required) \_\_\_\_\_ Date \_\_\_\_\_

<p><b>List all credentials held:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>List course(s) selected for continuing education. If course schedule is not available, please indicate subject area/field of interest.</p> <p>_____</p> <p>_____</p> <p>Name accredited college or university you plan to attend.</p> <p>_____</p>	<p><b>PROVIDE THE FOLLOWING:</b> (Limit - two pages.)</p> <ol style="list-style-type: none"> <li>1. Describe your current teaching/counseling assignment.</li> <li>2. List other teaching/counseling assignments and dates of service.</li> <li>3. Describe how the above course(s) will improve your effectiveness as a teacher/counselor.</li> <li>4. Describe any PTA/school/student extracurricular activities in which you are involved.</li> </ol> <p><b>RETURN APPLICATION PACKET IN THE FOLLOWING ORDER, ATTACHING A PAPER CLIP TO THE UPPER LEFT HAND CORNER (DO NOT STAPLE):</b></p> <ol style="list-style-type: none"> <li>1. Complete application form, two (2) pages</li> <li>2. Legible copy of your current membership card on 8-1/2" x 11" sheet of paper</li> <li>3. Essay response to information items 1-4, no more than two (2) pages</li> <li>4. Two (2) reference forms with letters, in sealed envelopes</li> </ol>
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**RETURN TO:** California State PTA, 2327 L Street, Sacramento, CA 95816-5014  
**FACSIMILES WILL NOT BE ACCEPTED**

<b>OFFICE USE ONLY</b>	<input type="checkbox"/> Copy of current membership card	<input type="checkbox"/> Two (2) reference forms with letters
	<input type="checkbox"/> Unit ID Number _____	<input type="checkbox"/> Unit in good standing

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FOR CREDENTIALLED CLASSROOM TEACHERS AND COUNSELORS**

**REFERENCE FORM**

*DUE DATE FOR RETURN TO CALIFORNIA STATE PTA OFFICE BY APPLICANT*  
**NOVEMBER 15**

Name of applicant \_\_\_\_\_

**On a separate sheet**, give an evaluation of the abilities and attitudes of the applicant, as well as comments regarding applicant's personal and professional qualifications. Include any of the applicant's PTA/school/student extracurricular activities of which you are aware. Information provided will be considered confidential. **Please limit letter to one page.**

Reference form completed by \_\_\_\_\_

Title/Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**RETURN REFERENCE FORM WITH LETTER IN A SEALED ENVELOPE  
DIRECTLY TO APPLICANT TO BE INCLUDED IN APPLICATION PACKET.**