CONTINUING EDUCATION SCHOLARSHIP
FOR SCHOOL STAFF MEMBERS

Continuing Education Scholarships for School Staff Members for up to $500.00 each are available from California State PTA to elementary and secondary teachers, counselors, school nurses and other staff members employed in California public schools.

AVAILABILITY
California State PTA scholarship funds are available for continuing education course(s). The course(s) must be at an accredited college or university, schools of nursing, hospitals, organized nursing groups or private providers meeting BRN requirements from January 1 through December 31. Courses must be completed by December 31 of the year following the awarding of the scholarship.

QUALIFICATIONS
Scholarships are awarded to credentialed teachers, counselors, school nurses and other staff members
1. who were employed full time in the public schools in California during the preceding academic year;
2. who have a minimum of three (3) years’ experience in California public schools;
3. who have a full-time contract for the current year;
4. who plan to continue as a teacher, counselor, school nurse or staff member; and
5. who are members of a PTA/PTSA unit in good standing, and teach or have a counseling, nursing or staff position at that PTA/PTSA school.

APPLICATION AND DUE DATE
The application and accompanying reference forms may be obtained from:
• the website at capta.org;
• the California State PTA Toolkit; and
• the California State PTA office.

The final application packet must include:
1. a completed application form;
2. a legible copy of applicant's current PTA/PTSA membership card on an 8½” x 11” sheet of paper;
3. an essay describing
   a. your current teaching/counseling/nursing or staff assignment;
   b. other teaching/counseling/nursing or staff assignments and dates of service;
   c. how the course(s) will improve your effectiveness in your role;
   d. any PTA/other volunteer work in which you are involved;
4. reference forms and letters;
   a. reference form and letter written specifically for this scholarship application;
   b. first reference form and letter completed by applicant’s current administrator, or representative; and
   c. second reference form and letter completed by current PTA president, or representative.
   d. Note: Each completed reference form and letter should be given to the applicant directly.

Submission instructions:
1. Original application and reference forms with letters must be mailed together in ONE envelope or emailed as a packet in one email.
   a. Faxed submissions will not be accepted.
2. The application must be received in the California State PTA office by close of business October 15, if mailed, or by 11:59 PM PST if emailed.
   a. Postmarks will not be accepted. Application will not be considered if received after due date or if any of the required materials are missing.
   b. When October 15 falls on a weekend, applications are due in the State PTA office by close of business the following Monday.

SELECTION
Recipients are selected by members of the California State PTA Scholarship and Grant Committee. All applicants will be notified of their standing by letter in January. A check for the scholarship is sent directly to each recipient.

FOLLOW-UP
Scholarship recipients must provide proof of enrollment and completion of coursework to the California State PTA office by June 1.

7/2020
APPLICATION

CONTINUING EDUCATION SCHOLARSHIP FOR
SCHOOL STAFF MEMBERS

DUE DATE IN THE CALIFORNIA STATE PTA OFFICE — OCTOBER 15
APPLICATION WILL NOT BE CONSIDERED IF RECEIVED AFTER DUE DATE

Please type or print legibly.

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City/State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Telephone

Total number of years: credentialed teacher/counselor/nurse/other staff member ______

Current school(s):

<table>
<thead>
<tr>
<th>Complete Name of School</th>
<th>Telephone</th>
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</thead>
<tbody>
<tr>
<td>Street Address of School</td>
<td>City/State</td>
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<tr>
<th>Complete Name of School</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>Street Address of School</td>
<td>City/State</td>
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☐ I certify that this scholarship will be used for my education.

SIGNATURE of applicant (required) ___________________________ Date __________

List all credentials/licenses held:

List course(s) selected for continuing education. If course schedule is not available, please indicate subject area/field of interest.

Name accredited college/university/Board of Registered Nurses (BRN) institution/provider you plan to attend.

NOTE: Course(s) to renew the RN license can be obtained only from BRN approved institutions or private providers who meet BRN requirements.

PROVIDE THE FOLLOWING:
1. Describe your current responsibilities/assignment.
2. List other assignments and dates of service.
3. Describe how the course(s) will improve your effectiveness in your role.
4. Describe any PTA/other volunteer work in which you are involved.

RETURN APPLICATION PACKET IN THE FOLLOWING ORDER:
- Completed application form
- Legible copy of your current membership card on 8½” x 11” sheet of paper
- Essay response to items 1-4, above [no more than 500 words total (approximately 2 pages double-spaced)]
- Two (2) reference forms with letters
- From current administrator or representative
- From current PTA president or representative

Paper clip documents together – DO NO STAPLE

RETURN TO: scholarships@capta.org OR California State PTA, 2327 L Street, Sacramento, CA 95816-5014

FACSIMILES WILL NOT BE ACCEPTED

☐ Copy of current membership card ☐ Two (2) reference forms with letters ☐ Unit in good Standing
REFERENCE FORM
CONTINUING EDUCATION SCHOLARSHIP

DATE DUE TO CALIFORNIA STATE PTA OFFICE BY APPLICANT – OCTOBER 15

CHECK APPLICABLE SCHOLARSHIP:

☐ TEACHERS/COUNSELORS/SCHOOL NURSES/OTHER STAFF — On a separate sheet, give an evaluation of the abilities and characteristics 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.

☐ PTA VOLUNTEERS — On a separate sheet, give an evaluation of the abilities and characteristics of the applicant, as well as comments regarding applicant’s personal and professional qualifications. Unit/council/district PTA president – describe applicant’s PTA volunteer involvement. Information provided will be considered confidential. Please limit letter to one page.

RETURN THIS FORM WITH LETTER OF RECOMMENDATION DIRECTLY TO APPLICANT

APPLICANT’S NAME ____________________________________________________________

Form completed by ____________________________________________________________

Title/Position ________________________________________________________________

Mailing Address ______________________________________________________________

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Telephone (_____)________________________________ Email ______________________

SIGNATURE _________________________________________________________________ Date