

## CONTINUING EDUCATION SCHOLARSHIP FOR PTA VOLUNTEERS

Continuing Education Scholarships for PTA Volunteers for up to \$500.00 are available from the California State PTA to enable PTA volunteers to continue their education.

### AVAILABILITY

California State PTA scholarship funds are available to PTA volunteers. Scholarships for continuing education must be taken at an accredited college, university, trade, technical or adult school. Scholarships may be utilized from January 1 to December 31. Courses must be completed by December 31 of the year following the awarding of the scholarship.

### QUALIFICATIONS

Scholarships are awarded to PTA volunteers

1. who have given (3) three years' volunteer service to PTA;
2. who plan to continue providing volunteer services to PTA; and
3. who are current members of PTA/PTSA units in good standing.

### APPLICATION AND DUE DATE

The application and accompanying Reference Form may be obtained from:

- the website at [www.capta.org](http://www.capta.org);
- the *California State PTA Toolkit*;
- 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 PTA/PTSA leadership responsibilities and volunteer services;
  - b. how the course(s) specified in the application form will improve your effectiveness as a PTA volunteer in working with children and youth;
  - c. your involvement in school/student extracurricular activities;
4. reference forms and letters in sealed envelopes;
  - a. reference form and letter written specifically for this scholarship application;
  - b. first reference form and letter completed by applicant's unit, council or district PTA president; and
  - c. second reference form and letter completed by a person unrelated to applicant and with whom applicant has volunteered during the past two years.
  - d. **Note:** Each completed reference form and letter should be given to the applicant in a sealed envelope.

Mailing instructions:

1. Original application, and reference forms with letters must be mailed together in ONE envelope.
  - a. Facsimiles will not be accepted.
2. **The application must be received in the California State PTA office by close of business October 15.**
  - a. Postmarks will not be accepted. Applications 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.

6/2014

# APPLICATION

## CONTINUING EDUCATION SCHOLARSHIP FOR PTA VOLUNTEERS

**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.

Last Name	First Name	Middle Name
Street Address	City/State	Zip Code
(____) _____ Area Code/Telephone	Email	

PTA Unit \_\_\_\_\_

PTA Council (if in council) \_\_\_\_\_ District PTA \_\_\_\_\_

**Total number of years:**  
as a PTA/PTSA volunteer in California \_\_\_\_\_ in other states \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name accredited college, university, trade or technical school you plan to attend.

\_\_\_\_\_

\_\_\_\_\_

- PROVIDE THE FOLLOWING:**
1. Describe your PTA/PTSA leadership responsibilities and volunteer services.
  2. Describe how the above course(s) will improve your effectiveness as a PTA volunteer in working with children and youth.
  3. Describe your involvement in school/student extracurricular activities.

- 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 1-3, above [no more than two (2) pages total]
  - Two (2) reference forms with letters, in sealed envelopes

**Paper clip the documents together – DO NOT STAPLE**

**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

## REFERENCE FORM

### CONTINUING EDUCATION SCHOLARSHIP

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

**CHECK APPLICABLE SCHOLARSHIP:**

- SCHOOL NURSES** — 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 or other volunteer work of which you are aware. Information provided will be considered confidential. **Please limit letter to one page.**
  
- TEACHERS & COUNSELORS** — 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 IN A SEALED ENVELOPE  
DIRECTLY TO APPLICANT.**

**APPLICANT'S NAME** \_\_\_\_\_

Form completed by \_\_\_\_\_

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

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

\_\_\_\_\_

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

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