CONTINUING EDUCATION SCHOLARSHIP
FOR CREDENTIALED CLASSROOM TEACHERS AND COUNSELORS

Continuing Education Scholarships for Credentialed Teachers and Counselors for up to $500.00 each are available from California State PTA to elementary and secondary teachers and counselors 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 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 and counselors
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' teaching/counseling experience in California public schools;
3. who have a full-time teaching or counseling contract for the current year;
4. who plan to continue as a teacher or counselor; and
5. who are members of a PTA/PTSA unit in good standing, and teach or have a counseling 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 assignment;
   b. other teaching/counseling assignments and dates of service;
   c. how the course(s) will improve your effectiveness as a teacher/counselor;
   d. any PTA/school/student extracurricular activities in which you are involved;
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 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 in a sealed envelope.

Mailing instructions:
1. Original application, and reference forms with letters must be mailed together in ONE envelope;
   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.
   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.

8/2018
APPLICATION
CONTINUING EDUCATION SCHOLARSHIP
FOR CREDENTIALED CLASSROOM TEACHERS AND COUNSELORS

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.

PTA Unit ID Number ___________
As listed on your PTA membership card; if you do not have a PTA membership card, contact your PTA president.

_______________________________________________________________________________________________________
Last Name                                                             First Name                                                           Middle Name
_______________________________________________________________________________________________________
Mailing Address                                                          City/State                                                               Zip Code
(______)________________________________________________________________________________________________
Telephone                                                                 Email

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

☑ I certify that this scholarship will be used for my education.

SIGNATURE of applicant (required)_______________________________________________ Date_______________________

List all credentials held:
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

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

Name accredited college or university you plan to attend.
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

PROVIDE THE FOLLOWING:
1. Describe your current teaching/counseling assignment.
2. List other teaching/counseling assignments and dates of service.
3. Describe how the course(s) will improve your effectiveness as a teacher/counselor.
4. Describe your involvement in PTA/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 1-4, above [no more than 500 words total (approximately 2 pages double-spaced)]
• Two (2) reference forms with letters, in sealed envelopes.
  ☑ From current administrator or representative
  ☑ From current PTA president or representative

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
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 _______________________