

Memphis-Shelby County Education Association Scholarship Fund Trust

Scholarship Office

M-SCEA SCHOLARSHIP APPLICATION

(901) 454-0966 x30

ELIGIBILITY REQUIREMENTS

- Dependent of M-SCEA member ■ Attend a public institution in Tennessee ■ Plan to become a teacher

INSTRUCTIONS

1. Please type or print each item. Do not use pencil. Use "N/A" for items which do not apply.
2. This application must be received at the M-SCEA office no later than **the first Thursday in April**.
3. **You must apply each year. Applicant scholarships are NOT automatically renewed.**
4. Applicant must provide a **Letter of Acceptance** to a **Teacher Education Program** after the second year of study, if applicable.
5. If student is not enrolled in a Teacher Education Program, provide explanation from the **Academic Advisor/Dean of Students**.
6. Recipients are eligible for a maximum of five (5) scholarships.
7. While enrolled at a 2-year institution, student shall be eligible for only two (2) scholarships.
8. This application will not be processed unless all responses are completed and all required paperwork is submitted.
9. Please call if you have any questions, 901-454-0966 x30.

STUDENT: Name _____

First

Middle

Last

Preferred Name

Home Address _____ City _____ State _____ Zip _____

Schools Attended: Elementary _____

Junior High/Middle _____

High School _____

High School Address _____

Home Phone _____ E-mail(s) _____

Social Security Number _____ Date of Birth _____

Number of brothers & sisters at the above address _____ Number of brothers & sisters in college _____

FATHER: Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Home E-mail _____

Father's Occupation* _____

Employer _____ Work Phone _____

Employer's Address _____ Work E-mail _____

*If FATHER is employed by Shelby County Schools, indicate work location. _____

MOTHER: Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Home E-mail _____

Mother's Occupation* _____

Employer _____ Work Phone _____

Employer's Address _____ Work E-mail _____

***If MOTHER is employed by Shelby County Schools, indicate work location.** _____

LEGAL GUARDIAN: If you have listed a parent, **MARK (NA) IN THIS SECTION.** If no biological parent was listed, complete this section. *Proof of legal guardianship must accompany this application.*

Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Home E-mail _____

Guardian's Occupation* _____

Employer _____ Work Phone _____

Employer's Address _____ Work E-mail _____

***If LEGAL GUARDIAN is employed by Shelby County Schools, indicate work location.** _____

W-2 Form(s): Attach copies of parent's or guardian's W-2 forms _____

M-SCEA Member's Name _____

Parent or Legal Guardian

Member Since _____ Member's Work Location _____
Date School/Center/Etc. Location Code

For office use only
Membership verified:

Initials Date

FIRST YEAR APPLICANT - First year applicant must provide the following:

- Essay: Why I Want To Be An Educator?** (No more than 250 words) **Color photo of Applicant**
- High School Transcript and Test Scores** **OR** **Recent College Transcript**

SAT Scores _____ Verbal _____ Math _____

ACT Composite Score _____ Class Rank _____ Number in Class _____

Signature of High School Counselor or Principal _____

School Activities/Clubs (List and indicate any office or position with these Activities/Clubs)

Sports (List and indicate office or position)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is the student a member of Future Teachers of America Club? Yes No (for high school senior only)

Faculty Sponsor _____

Honors/Awards (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> National Merit Finalist/Semifinalist | <input type="checkbox"/> National Honor Society |
| <input type="checkbox"/> National Achievement Finalist/Semifinalist | <input type="checkbox"/> Governor's School |
| <input type="checkbox"/> Model United Nations | <input type="checkbox"/> Who's Who Among American High School Students |
| <input type="checkbox"/> Boys/Girls Nation | <input type="checkbox"/> Outstanding Students of America |
| <input type="checkbox"/> Class Office - Position _____ | <input type="checkbox"/> Society of Distinguished High School Students |
| <input type="checkbox"/> Student Council/Government - Position _____ | |
| <input type="checkbox"/> Extracurricular Activities _____ | |

List Community & Volunteer Activities _____

Hobbies _____

Work Experience (List)

Employer: _____

Address: _____

Position/Duties: _____

When: _____

Employer: _____

Address: _____

Position/Duties: _____

When: _____

CHOICE OF INSTITUTION

Note: During enrollment at a 2-year institution, student shall be eligible for only TWO (2) scholarships.

1. List the Colleges or Universities where you **HAVE APPLIED.** _____

2. List the Colleges or Universities where you **HAVE BEEN ACCEPTED.** _____

3. Have you made a **DEFINITE DECISION** regarding your choice of institution? Yes No

If **YES**, provide name of institution. _____

***** **ATTENTION** *****

When you decide on your choice of institution:

1. Notify M-SCEA as soon as possible, 901-454-0966, x30.
2. Send M-SCEA a copy of the Acceptance Letter from your choice of institution.
3. The Acceptance Letter is required before M-SCEA can process your application.

Provide other information that might be helpful for processing your scholarship application.

Four horizontal lines for providing additional information.

Have you previously been awarded one of our Fund Trust Scholarships? YES NO

If YES, indicate the number of awards & show the school year(s) awarded (i.e., 2014-2015, 2015-2016).

Number School year in which scholarship was received (i.e., 2011-2012, 2012-2013)

- Four checkbox options for the number of awards (1, 2, 3, 4) with corresponding lines for school years.

ENCLOSE A COPY OF YOUR RECENT SCHOOL TRANSCRIPT.

Note: Recipients are eligible for a maximum of FIVE (5) scholarships.

CHECKLIST OF INFORMATION REQUIRED:

- Two columns of requirements including: Completed/Signed Application Form, W-2 Form(s), Proof of Guardianship, Recent Transcript, Color Photo of Applicant, Essay, Letter of Acceptance, and Signatures.

CERTIFICATION

I certify that the information provided on this application is accurate and complete. I give permission for information to be given to appropriate committees in order to determine eligibility for a scholarship. I also give permission for my name to be printed in M-SCEA or related publications.

Attention: To be complete, application must include the signatures of applicant AND member.

1. Applicant _____ Date _____

2. Member (Parent/Legal Guardian) _____ Date _____

NOTE: All Scholarships will be made payable to the Institution for the Benefit of the Scholarship Recipient. Checks will be issued directly to the Institution.

Please forward this application to:

Scholarship Committee
c/o Memphis-Shelby County Education Association
Attn: Debra Slonim, Scholarship Program Coordinator
126 Flicker Street, Memphis, TN 38104

Memphis-Shelby County Education Association Scholarship Fund Trust

**Scholarship Committee
c/o Memphis-Shelby County Education Association
126 Flicker Street
Memphis, TN 38104**

Phone: 901-454-0966, Ext. 30

Fax: 901-454-9979

Website: www.mscea.org

E-mail: DebraSlonim@mscea.org

**Anthony Harris, President
Keith O. Williams, Executive Director**

“A teacher affects eternity; he can never tell where his influence stops.”

Henry B. Adams (1838-1918) - Educator, historian and author