



KANSAS PTA
715 SW Tenth Street
Topeka, KS 66612
785-234-5782
785-234-4170 FAX
kansaspta@gmail.com
www.kansas-pta.org

Teacher/Graduate Study in Education Scholarship Fund

To: Scholarship Trustee:

I hereby apply for a Teacher/Graduate Studies in Education Scholarship Fund at

\_\_\_\_\_ to begin \_\_\_\_\_.
(School) (Date)

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Permanent Address \_\_\_\_\_
(Street) (City) (Zip)

\_\_\_\_\_
(Permanent Phone Number) (Current Phone Number) (Email)

Mailing Address \_\_\_\_\_
(Street) (City) (Zip)

Nearest Relative not living with you \_\_\_\_\_
(Name)

\_\_\_\_\_
(Street) (City) (State) (Zip)

\_\_\_\_\_
(Telephone Number)

3. School last attended \_\_\_\_\_ (Year) \_\_\_\_\_

4. Name of Parent, Legal Guardian, or Spouse: (circle one)

Occupation of above \_\_\_\_\_ Total income per year \_\_\_\_\_

Kansas PTA is:

- A powerful voice for All children
A resource for parents
A strong advocate for public education



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5. If you are the head of the household, list your occupation \_\_\_\_\_

Income per year \_\_\_\_\_ Number in home \_\_\_\_\_

Ages \_\_\_\_\_

6. Attach a small photograph or snapshot here (optional). Write name on back of it.

7. How do you plan to pay your expenses at college? \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

8. List other scholarships for which you have applied \_\_\_\_\_

\_\_\_\_\_

9. Are you the recipient of any other scholarship awards? If so, please list \_\_\_\_\_

\_\_\_\_\_

10. Which level of teaching do you plan to enter?

( ) Early Childhood ( ) Elementary ( ) Secondary

11. What course of study are you pursuing? \_\_\_\_\_

12. What honors have you received? \_\_\_\_\_

\_\_\_\_\_

13. Name your extracurricular activities and hobbies \_\_\_\_\_

\_\_\_\_\_

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14. What youth activities are you involved with/sponsor? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. When are you planning your course work?  
 Full time       Summer       Fall       Spring

16. What is your estimated time of graduation? \_\_\_\_\_

**BE SURE THAT YOU HAVE ANSWERED ALL THE QUESTIONS BEFORE SIGNING THIS APPLICATION FOR THIS SCHOLARSHIP IN ORDER TO BE CONSIDERED.**

17. I understand fully that if I do not complete the educational-related advanced degrees or PhD programs and teach in a Kansas public school accredited by the Kansas State Board of Education for at least one year of scholarship award received, the award becomes a loan to be repaid to the Kansas PTA.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**Return to: Kansas PTA  
715 SW Tenth Street  
Topeka KS 66612-1686**

**Return by: March 15 postmark**

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