

**European  
PTA  
Scholarship  
Application**

Academic Year 2008-2009

European PTA  
2008-2009 Scholarship Guidelines

MEMORANDUM FOR STUDENT APPLICANTS

SUBJECT: European PTA SCHOLARSHIP APPLICATION

European PTA continues to be committed to educational endeavors dedicated to lifelong learning, leadership, national and international educational trends and service to others.

To apply for these two \$1000 scholarships, please complete the enclosed application. Be sure to answer each prompt thoroughly and completely. If you require additional space, please indicate that an additional page has been added to the application. The application must include the student section, counselor's form and two (2) enclosed scholarship recommendation questionnaires. There is an additional requirement to complete an essay. See the next page for details regarding the specific topic for the essay.

In addition, applicants must provide an official transcript of high school grades and grade point average (GPA). Submit the completed packet to the following address:

Lori Izzo  
Ramstein Community Center  
435<sup>th</sup> SVS/SVYR, Unit 3240 Box 535  
(Attn) European PTA Box 13)  
APO AE 09094

The application deadline is **2 March 2009**. Scholarships will be awarded based on academic performance, demonstrated leadership capabilities, special talents, community service and the essay.

If you have any questions, please contact Ms. Izzo at DSN 632-5877, civilian 0039-0434-30-5877 or [Lori.Izzo@eu.dodea.edu](mailto:Lori.Izzo@eu.dodea.edu).

<b>Criteria:</b>	<b>Application Procedures:</b>
<p>The applicant must:</p> <ul style="list-style-type: none"><li>○ Be a graduating senior attending a DoDDS High School</li><li>○ Have applied to an institution of higher learning for academic year 2009/10</li><li>○ Provide proof of PTA membership to European PTA</li></ul>	<ul style="list-style-type: none"><li>○ <b><i>Submit a Scholarship Packet no later than 2 March 2009 (postmarked).</i></b></li><li>○ Packet must include:<ol style="list-style-type: none"><li>1. Completed Application</li><li>2. Official transcript</li><li>3. Scholarship Recommendations: One must be from an educator or counselor. The other one must be from a non-relative who is an adult (not a peer) familiar with the applicant's character.</li><li>4. Response to Essay question.</li></ol></li></ul>

## Essay Question

**On a separate sheet of paper, please write your response to the following question with the specific criteria of one-page typed, double-spaced, with 12-pt font, Times New Roman, with one-inch margins, on all sides.**

**How will furthering my education ensure my success as a community leader?**

The full application is also available on the following website:

[www.EuropeanPTA.org](http://www.EuropeanPTA.org)

**European PTA**

**Scholarship Application**

STUDENT SECTION  
To be completed by applicant

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Military Mailing Address APO

Address: \_\_\_\_\_  
Home Address Phone #

Applicant's Email Address: \_\_\_\_\_

High School Presently Attending: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Name(s) and location(s) of accredited institutions of higher learning to which you have applied:

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

Name(s) and location(s) of accredited institutions of higher learning to which you have been accepted:

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

*Attach additional sheets as needed.*

Name: \_\_\_\_\_ School: \_\_\_\_\_

**European PTA**

**Scholarship Application**

**STUDENT SECTION**

**(continued)**

List of intended major field(s) of study:

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List of extra curricular activities (grades 9-12):

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List leadership positions held (grades 9-12):

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List PTA/PTSA Activities performed (grades 6-12): (Please be specific about activities and dates.)

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List community service activities (grades 9-12):

Activity	Name and <b>phone number</b> for Point of Contact
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List your special talents:

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*Attach additional sheets as needed.*

Name: \_\_\_\_\_ School: \_\_\_\_\_

**European PTA  
Scholarship Application**

**COUNSELOR SECTION**  
To be completed by counselor

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

1. Student's GPA (Cumulative to 1<sup>st</sup> Semester Senior Year) \_\_\_\_\_

2. College Entrance Scores (if taken):

SAT I Math \_\_\_\_\_ Critical Reading \_\_\_\_\_ Essay \_\_\_\_\_ Total \_\_\_\_\_

ACT Composite Score \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
**Counselor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**School**



Name: \_\_\_\_\_ School: \_\_\_\_\_

**European PTA**

**Scholarship Application**

**RECOMMENDATION BY ADULT COMMUNITY MEMBER (USE THIS FORM OR ATTACH A LETTER OF RECOMMENDATION THAT ADDRESSES THESE POINTS.)**

Student's Name: \_\_\_\_\_  
Last First Middle

1. Describe this student's personality and character:

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2. Indicate your impression of this student's leadership skills and ability.

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3. What do you consider to be this student's strengths and weaknesses?

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4. Other comments:

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**Signature**

**Position**

**Date**

*Attach additional sheets as needed.*

**European PTA  
Scholarship Application**

**European PTA Verification**

Date: \_\_\_\_\_

To be completed by official European PTA representative

**You must provide a photocopy of your PTA Membership Card and include it in your application OR fill out the bottom portion of the application if your school does not have a PTA and you wish to apply for European PTA membership.**

Student's Name: \_\_\_\_\_  
Last First Middle

1. Student's PTA Membership Number \_\_\_\_\_

\_\_\_\_\_  
**PTA Representative's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**School**

**Or**

**Join European PTA by filling out the form below**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Phone : \_\_\_\_\_ Cell: \_\_\_\_\_

Cost \$10.00 Make check payable to European PTA.. A membership card will be mailed to you.

**Ramstein Community Center,  
435<sup>th</sup> SVS/SVYR, Unit 3240 Box 535,  
(Attn: European PTA Box 13)  
APO AE 09094  
DSN: 489-7273 Phone: 49 (0)631-536-7273  
Fax: 49 (0)631-350-7933 Email: office@EuropeanPTA.org**

