

## **JENKINS MEMORIAL SCHOLARSHIP**

**Award: \$4,000(paid in installments) Due: December 5, 2024**

### **Guidelines:**

- Open to Seniors who will be pursuing a degree in education.
- Plan to attend a college of the State University of New York for baccalaureate degree OR plan to attend a two-year community college before transferring to a baccalaureate degree program in education in a college of the State University of New York.
- Have not accepted scholarships equal to or greater than the monetary value of \$16,000.
- Attend a high school in New York State in a school where there is a PTA/PTSA unit in good standing.

### **Follow Part A Instructions to complete.**

1. Have the PTA president fill out and sign the PTA Unit information at the top of the page ( A blank will automatically disqualify the application) \* This has been filled out\*
2. Follow all directions carefully. Give detailed answers to ALL questions on this application.
3. The transcript is the only attachment allowed and attached by the guidance office. All other supplemental sheets (including an essay and recommendations attached rather than using the space provided) will not be considered.
4. Application must be signed by the student and a parent or guardian.
5. When you have completed your part of the application, bring it to the guidance office to complete the recommendation section of the application and attach a transcript. \*Part B is for guidance\*.

**Application process: MUST BE COMPLETED AND RETURNED TO GUIDANCE OFFICE IN GOOD ORDER BY: December 5, 2024**

**#4**



## Jenkins Memorial Scholarship 2024-2025

OFFICIAL USE ONLY

Application # \_\_\_\_\_  
Unit in good standing \_\_\_\_\_

PTA UNIT NAME: Leviston Porter PTSA  
PTA UNIT CODE: 11-120  
PTA UNIT PRESIDENT SIGNATURE: Allison Vialto

The applicant MUST attend a high school in New York State in a school where there is a PTA/PTSA unit in good standing.

### Part A - STUDENT APPLICATION

#### PART A – INSTRUCTIONS TO STUDENTS (PLEASE PRINT OR TYPE)

*(Read carefully before completing application)*

1. Have the PTA president fill out and sign the PTA Unit information at the top of the page. (A blank will automatically disqualify the application!)
2. Follow all directions carefully. Give detailed answers to ALL questions on this application.
3. **The transcript is the ONLY attachment allowed.** All other supplemental sheets (including an essay and recommendations attached rather than using the space provided) will **NOT** be considered.
4. Application must be signed by the student and a parent or guardian.
5. Complete the student section of the application.
6. Give the recommendation section to your school principal, guidance counselor, or teacher to complete. The guidance office should mail the student section along with the recommendation section and the transcript to the NYS PTA state office.

**You must use a current email address and phone number that you check often.  
This is how we will communicate with you throughout the process.**

Applicant Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Student Telephone (cell) ( ) \_\_\_\_\_ Home/Parent Telephone ( ) \_\_\_\_\_  
Students' Email \_\_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_

**If selected for a virtual interview, please indicate which date is most convenient for you by order of preference. You may select one, or you may select both.**

**March 1, 2025:**

☐ This is my first preferred date

☐ This is my second preferred date

**March 8, 2025:**

☐ This is my first preferred date

☐ This is my second preferred date



## Jenkins Memorial Scholarship 2024-2025

OFFICIAL USE ONLY:

Application # \_\_\_\_\_  
Unit in good standing \_\_\_\_\_

PTA UNIT NAME: \_\_\_\_\_

PTA UNIT CODE: \_\_\_\_\_ - \_\_\_\_\_

PTA UNIT PRESIDENT SIGNATURE: \_\_\_\_\_

The applicant **MUST** attend a high school in New York State in a school where there is a PTA/PTSA unit in good standing.

### Part A - STUDENT APPLICATION

#### PART A – INSTRUCTIONS TO STUDENTS (PLEASE PRINT OR TYPE)

*(Read carefully before completing application)*

1. Have the PTA president fill out and sign the PTA Unit information at the top of the page. (A **blank** will automatically **disqualify** the application!)
2. Follow all directions carefully. Give detailed answers to ALL questions on this application.
3. **The transcript is the ONLY attachment allowed.** All other supplemental sheets (including an essay and recommendations attached rather than using the space provided) will **NOT** be considered.
4. Application must be signed by the student and a parent or guardian.
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**You must use a current email address and phone number that you check often.  
This is how we will communicate with you throughout the process.**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip

Student

Home/Parent

Telephone (cell) ( ) \_\_\_\_\_

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

Students' Email \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

**If selected for a virtual interview, please indicate which date is most convenient for you by order of preference. You may select one, or you may select both.**

Preference One:

Preference Two:

**March 1, 2025:**

☐ This is my first preferred date

☐ This is my second preferred date

**March 8, 2025:**

☐ This is my first preferred date

☐ This is my second preferred date

### Student and Parent Consent Form

I have carefully read the information on page (1) of this form and I fully understand the requirements and obligations of the New York State PTA Jenkins Memorial Scholarship for Teacher Education for which I am making this application. I understand that I must enroll in a baccalaureate degree program for education at a State University of New York or two-year Community College to prepare for teaching should I be awarded a Jenkins Memorial Scholarship.

NYS PTA publishes photographs, award presentations, press releases and other materials, both in print and on the Internet, where images, names and schools of the Jenkins Scholarship winners are published.

☐ Check this box to opt out of having the applicant's photo, name or school disclosed from the media information stated above.

**NOTE: COMPLETED APPLICATION WITH TRANSCRIPT MUST BE POSTMARKED, NOT METERED, BY *DECEMBER 15, 2024* TO BE CONSIDERED.**

**FAXED COPIES ARE NOT ACCEPTABLE.**

**ALL INTERVIEWS WILL BE VIRTUAL AND WILL BE HELD ON  
MARCH 1 AND MARCH 8, 2025**

**Application must be signed by the student and the parent/guardian.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List all the colleges to which applications have been/are to be submitted (at least one SUNY school must be applied to):

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I plan to be a classroom teacher and will seek a certificate to teach in the following area:

Elementary ☐

Secondary ☐

Special Education ☐

K-12 ☐

Subject Area: \_\_\_\_\_

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

School Address: \_\_\_\_\_

\_\_\_\_\_

High school leadership positions/roles (clubs/sports):

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

High school honor societies to which you have been inducted, if any:

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

List any honors/awards received while in high school:

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

List your extra-curricular activities in high school:

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

List your out-of-school and/or volunteer activities:

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

List your hobbies:

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

List any work experience you have had:

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

**STUDENT ESSAY**  
**“I want to be a teacher because...”**

Using the space provided below (attached sheets will not be considered), please **type** a statement of *not more than 300 words*. Handwritten statements will disqualify applicant.

Please include **ALL** of these items in your essay (in any order):

- The reason why you want to be a teacher
- Any related teaching, coaching, and mentoring experiences you have
- Your proudest educational achievement
- The qualities of a good teacher
- Any changes you'd like to see in education as an aspiring teacher

**PART B**

**To be completed by a Principal, Teacher, or School Counselor**  
**All answers must be typed**

**Please return the completed page to the applicant's school counselor! No attachments will be accepted. Students will be judged based on the answers you provide in this section. Please be thorough and specific.**

**Applicant Name:** \_\_\_\_\_

In what capacity do you know the applicant?

\_\_\_\_\_

In the space provided, please explain how the applicant shows an aptitude for teaching based on your interactions.(50 words or less):

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

Write a short statement below on the applicant with regards to each of the following characteristics – you may include information that pertains to both inside and outside the school:

Leadership:

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

Personality:

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

Responsibility:

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

Name of Person completing the recommendation: \_\_\_\_\_

Position within the school: \_\_\_\_\_

School email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

## PART C

**To be completed by the school counselor responsible for submitting the application**

**PART A - STUDENT APPLICATION CHECKLIST:** Be sure that all of the following items have been completed by the student in Part A. **Any missing information will disqualify the application.**

- ☐ PTA unit president signature, unit code, and unit name are on page one. (Part A)
- ☐ Student, parent or guardian information and signatures are on page one. (Part A)
- ☐ The student has completed the experience portion of their application. (Part A)
- ☐ Student essay is **typewritten** and is **not** longer than 300 words. (Part A)

**PART B- INSTRUCTION TO PRINCIPAL, TEACHER, OR SCHOOL COUNSELOR CHECKLIST:** Be sure that all of the following items have been completed by the appropriate staff in Part B. **Any missing information will disqualify the application.**

- ☐ The confidential recommendation was completed by a school principal, teacher, or school counselor and is included in this application. All attached supplemental sheets (including an essay and recommendations) will not be considered. You must use the space provided on the application.
- ☐ Attach the student's official transcript to the completed original application.
- ☐ Send the completed Part A Student Application, Part B Principal, Teacher and/or School Counselor Recommendation Form, and Part C the School Counselor page with the Official Transcript to:

NYS PTA  
Awards Coordinator  
One Wembley Court  
Albany, New York 12205-3830

Class Rank of Applicant \_\_\_\_\_ Number in Class \_\_\_\_\_  
Actual Average (Unweight) \_\_\_\_\_  
Weighted Average \_\_\_\_\_  
Counselor Name \_\_\_\_\_  
Counselor Phone Number \_\_\_\_\_

**COMPLETED APPLICATION AND TRANSCRIPT MUST BE SENT TO THE  
NEW YORK STATE PTA OFFICE POSTMARKED, NOT METERED,  
BY DECEMBER 15, 2024 TO BE CONSIDERED.**

**FAXED COPIES AND EMAILED COPIES ARE NOT ACCEPTABLE.  
NO ATTACHMENTS ACCEPTED EXCEPT FOR TRANSCRIPT.**