Teachers Make a Difference Scholarship Application

Use this checklist to ensure your application is complete.

□ A 1,000-1,500 word essay telling about a teacher that has made a difference in your life and why you

To be complete, your application must contain:

☐ Application (no covers or staples)

want to be a teacher.

☐ Grade transcript

☐ Statement of Financial Need (back of this page)

☐ List of honors, activities, offices, etc. (1 page)

☐ Your signature (at the bottom of the Statement of Financial Need)

 2 letters of recommendation. Pl 15 deadline. The letters can be from your application package, No incomplete or late application 	mailed to the North Central Educ but still must meet the deadline.	cation Foundation directly.	, separate
Last Name	First	Middle	
Mailing Address	City	State	Zip
Name of Parents or Guardians			
Address, if different than above	email a	ddress:	
TelephoneDate of Birth	email address	Social Security #	
H.S. Attended	Yr of Graduation	G. P. A	
College/University you will be attending		Have you been acc	epted?
City	State Zip		
Intended Major(s)			
SAT: Composite Ver	bal Math	ACT	

Mail to: North Central Education Foundation, Attention: Eldene Wall, P.O. Box 1847 Wenatchee, WA 98807-1847 509-669-6838

Statement of Financial Need Father's Employer _____ Position Business Address Mother's Employer _____ Position Business Address Ages of siblings______ In college Name of school you plan to attend Estimated College Expense (for one year) Money Available: Personal Savings Family Help Summer Job Other Scholarships Total Money Available Estimated Financial Unmet Need (Subtract Total Available from Estimated College Expense) Are there any special financial circumstances that should be considered? (attach) Is the applicant now working? \Box Yes \Box No If so, where? (Employer) I certify that the information contained herein is true, correct and complete and that I fully understand the eligibility requirements Education Foundation as a result of this will be void if: (1) I do not attend the school specified for the academic year awarded, and in any field if so required; or

and will honor the scholarship requirements. I agree that any scholarship awarded to me now or in the future by the North Central

(2) I do not attend the specified school on a full time basis (12 quarter hours minimum), unless the scholarship allows otherwise.

I give permission to the North Central Education Foundation to verify and/or confirm any information provided in this application, and I authorize release of that information and grades. Any exceptions to the above must have prior approval by the ESD.

(Signature of applicant) (Date)

Further note on eligibility/termination of eligibility: The college will advise the North Central Education Foundation if the student becomes ineligible by reason of grades or being placed on disciplinary probation.

Must be postmarked by April 15, 2021

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Confidential Statement of Recommendation					
To be completed by the Applicant Your Name:					
Scholarship you are applying for:					
To be completed by the Reference: (You may use this					
Name and occupation:					
How long have you known the applicant?	Related?				
In what capacity?					
Please comment on the following:					
Goals in relation to aptitude.					
General cooperation and concern for others.					
Probability of success.					
Student/parent financial need, if known.					
Additional information that would qualify this student for	a scholarship.				
How do you recommend this applicant for a scholarship?					
∏ Highly	∏ Good degre	☐ Good degree of confidence			
∏ Fair degree of confidence	\prod With some doubt				
What is your evaluation of the student's scholastic ability?)				
# Top 5% # Top 10% # Top 20% # Top 40%	# Top 50%	# Bottom 50%	# Unknown		
Date	Signature				

<u>Please note:</u> The student is responsible to have a <u>complete</u> application package to the North Central Education Foundation by the deadline. Please return your letter of recommendation to the student in time for it to be mailed with the application package, or mail it directly to the address below to arrive by the <u>deadline of April 15, 2021.</u> Thank you for your encouragement to this student.

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Confidential Statement of Recommendation To be completed by the Applicant Your Name: _____ Scholarship you are applying for: To be completed by the Reference: (You may use this form or a separate letter) Name and occupation: How long have you known the applicant?_____ Related? In what capacity? Please comment on the following: Goals in relation to aptitude. General cooperation and concern for others. Probability of success. Student/parent financial need, if known. Additional information that would qualify this student for a scholarship. How do you recommend this applicant for a scholarship? ∏ Highly Π Good degree of confidence \prod Fair degree of confidence \prod With some doubt What is your evaluation of the student's scholastic ability? # Top 50% # Bottom 50% # Unknown # Top 5% # Top 10% # Top 20% # Top 40% **Date** Signature

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