

# **STARK COUNTY RETIRED TEACHERS' SCHOLARSHIP “TEACHERS HELPING FUTURE TEACHERS”**

## **GENERAL SCHOLARSHIP GUIDELINES BASIS FOR AWARDING GRANTS**

The decision for a Grant will be based on a combination of the following: a typed essay of 200 words or less stating the reason for the request; grade-point average; financial need; references; social qualities; and personal interviews.

### **BASIS FOR APPLICATION:**

1. All information on the application must be typed or printed.
2. The applicant must have a diploma from a high school within Stark County.
3. The applicant must be entering the fall term as a Junior, Senior or Fifth year undergraduate in the field of education at an accredited college or university.
4. Only one member of a family will be considered in any one year.
5. There will be no age limitation.

### **TRANSCRIPT:**

1. A college transcript must be submitted with the application to SCRTA.
2. The applicant must maintain a minimum 2.5 grade-point average as a full-time student.

### **GRANTS:**

1. The term of the SCRTA Grant will be for one year.
2. The Grant will be payable to the school in which the applicant is enrolled.
3. All applicants will be notified as to whether they are chosen or not chosen.

**Check List: \_\_\_Application \_\_\_Transcript\_\_\_ 3 References (3 Sealed Envelopes)  
\_\_\_ Essay**

Please contact Rosalie Dolan at 330-280-4285 if you need additional information.  
**RETURN APPLICATION, REFERENCES, ESSAY AND TRANSCRIPT by May 18, 2024.**

**Mail To: Rosalie Dolan  
PO Box 935  
Massillon, OH**

**APPLICATION FOR S.C.R.T.A. SCHOLARSHIP POSTMARKED BY  
MAY 18, 2024**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

PLEASE CHECK: Living with \_\_\_\_ mother \_\_\_\_ father \_\_\_\_ spouse \_\_\_\_ other

Name, Occupation & Address of Parent/Guardian/Spouse:

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

Children in family in addition to applicant:

NAME	AGE	GRADE
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_____	_____	_____
_____	_____	_____
_____	_____	_____

High School from which you hold a diploma: \_\_\_\_\_

Name and Address of the College you are attending:

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

Cost of annual tuition: \_\_\_\_\_ Cost of room and board: \_\_\_\_\_

Indicate your grade level for Fall of 2024: \_\_\_\_ Junior \_\_\_\_ Senior or \_\_\_\_ Fifth year student

Are you presently employed? \_\_\_\_ part time \_\_\_\_ full time

Places of employment

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

*(Continue)*

What is the total dollar amount of grants, scholarships or loans received prior to this school year?

\$ \_\_\_\_\_

Name of grants, scholarships or loans received in prior years and this current year.

Grant(s), Scholarship(s), Loans(s)

Year(s)

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List your College and Community Activities during the past 12 months:

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THREE REFERENCES: minimum of TWO INSTRUCTORS, of which one is in your MAJOR FIELD OF STUDY

NAME	ADDRESS	PHONE	OCCUPATION
1. _____	_____	( ) _____	_____
2. _____	_____	( ) _____	_____
3. _____	_____	( ) _____	_____

**\*The THREE references MUST be returned in THREE SEALED envelopes and included with your application.**

Submit a typed essay of 200 words or less. Include your reason for requesting this grant, why you have chosen to teach, your major and any other facts you feel we should know when evaluating your application.

**Check List:**

\_\_\_\_ Application \_\_\_\_ Transcript \_\_\_\_ 3 References (in Sealed Envelopes) \_\_\_\_ Essay

# CONFIDENTIAL REFERENCE SHEET S.C.R.T.A. SCHOLARSHIP

MAKE THREE COPIES OF THIS FORM. EACH OF YOUR THREE REFERENCES WILL NEED TO BE ON A SEPARATE SHEET AND ENCLOSED IN A SEALED ENVELOPE SIGNED BY THE EVALUATOR.

CANDIDATE: \_\_\_\_\_

PERSON GIVING REFERENCE: \_\_\_\_\_  
(Not a family member or friend)

INDICATE THE MANNER IN WHICH YOU ARE ACQUAINTED WITH THE CANDIDATE: \_\_\_\_\_

\_\_\_\_\_ Instructor in candidate's major field of study \_\_\_\_\_ Instructor \_\_\_\_\_ Employer  
\_\_\_\_\_ Other (Explain) \_\_\_\_\_  
\_\_\_\_\_ Number of years you have known the candidate

**EVALUATE CANDIDATE'S PERSONAL QUALIFICATIONS USING THE FOLLOWING KEY:**  
**1. UNSATISFACTORY 2. POOR 3. AVERAGE 4. GOOD 5. OUTSTANDING**

- \_\_\_\_\_ **DEPENDABILITY:** Ability to get results, Reliability, Promptness, Attendance
- \_\_\_\_\_ **INTELLIGENCE:** Capacity for learning, Comprehension, Keeness, Quickness
- \_\_\_\_\_ **MATURITY:** Poise, Emotional stability, Accepts criticism
- \_\_\_\_\_ **PERSONALITY:** Congenial, Likeable, Gets along with teachers and peers
- \_\_\_\_\_ **APPEARANCE:** Well groomed and dressed, Creates favorable impression
- \_\_\_\_\_ **BEHAVIOR:** Well mannered, Sincere, Respects rights of others, Cooperative
- \_\_\_\_\_ **WORK HABITS:** Industrious, Initiative, Self-reliant, Makes good use of time
- \_\_\_\_\_ **BASIC ATTITUDES:** Positive thinking, Open-minded, Expresses ideas well
- \_\_\_\_\_ **WRITING ABILITY:** Presents work in grammatical, concise, clear and neat manner
- \_\_\_\_\_ **SPEAKING ABILITY:** Fluent and Effective, Acceptable English
- \_\_\_\_\_ **LEADERSHIP:** Decisive, Self-confident, Able to follow, Will make decisions

**COMMENTS:** WHEN, IN YOUR OPINION, THE CANDIDATE IS OUTSTANDING OR BELOW AVERAGE IN ANY FACTOR, PLEASE GIVE REASONS FOR THIS OPINION. COMMENTS ARE IMPORTANT. SHOULD WE NEED TO CONTACT YOU, PLEASE INCLUDE YOUR PHONE NUMBER OR E MAIL ADDRESS.

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

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

**I waive my right to read this recommendation when completed.**