The Greater Capital Region of New York State Chapter of PDK #135 2018 PDK Prospective Educator SCHOLARSHIP PROGRAM

PDK CHAPTER APPLICATION

The GCR PDK Educational Foundation annually awards scholarships to prospective educators. This application form is for high school seniors who intend to attend college and major in education and whose application is submitted to the local GCR PDK chapter for consideration. Once completed, this application must be returned by March 1, 2016, to the following PDK chapter representative:

To be completed by PDK Chapter Representative:					
PDK Chapter Name The Greater Capital Region of NYS PDK Chapter Number #135					
PDK Chapter Representative's Name Dr. Philip Fusco					
E- mail_philipfusco@aol.com Phone 518-951-0751					
Mailing Address CASDA, University at Albany – East Campus, 5 University Place – A409					
City/State/Zip_Rensselaer, NY 12144					
APPLICATION PROCEDURES					
Submit your completed application packet no later than March 1, 2018, to the PDK representative listed above. All applications are reviewed by the chapter screening committee					
APPLICATION GUIDELINES					
 Goals Statement – You have decided as a goal that you want to become a teacher. Please share your vision as to what that means to you and how you see yourself accomplishing this goal (about 100 to 150 words). 					
 Reference Letter — Please submit one letter of recommendation. The letter must be from a person familiar with your academic abilities and school activities, and should address your interest in teaching and the qualities that will make you a successful educator. 					
 Transcript – Request a copy of your high school transcript from your school counselor. Your transcript must include class size, class rank, and grade point average. 					
YOUR COMPLETED APPLICATION SHOULD INCLUDE:					
Your goals statement					
Reference letter					
Transcript					
This application form					
FAFSA (if required)					
Do not send folders, binders, photographs, or other attachments. Make a copy of the completed application for your record					

All paperwork is due by March 1, 2018

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY STATE or PROVINCE	ZIP OR POSTAL CODE ()
E-MAIL ADDRESS		TELEPHONE
HIGH SCHOOL NAME		
HIGH SCHOOL		
What is your gender? q M	ale q Female	
q White, not Latino q Latino/Hispanic q African American q Asian q Native American q Pacific Islander q Other (please specify)	ce/ethnicity? Select all that apply.	
will besent separately t q Transcript is attached.	nscript must accompany your appli to the chapter representative. arately. (The transcript must be rec	cation by March 1, 2018. Indicate if the transcript is attached or . teived by March 1, 2018)
	g academic information. See your ges are to be figured on a 4.0 scal	high school counselor if you need assistance. e.)
Once I earn my teaching certiq Preschool/Early Childhoo q Elementary students (grad Middle School Students (grad q High School Students (grad q College Students	les K-6) grades 7-8)	llowing students. Check only one:
EDUCATIONAL ACTIVIT		or learning consolity. Include any advection feeting also and

List activities where you have worked with others in a teaching or learning capacity. Include any education-focused clubsor organizations you belong to. You can attach a separate sheet with your response.

LEADERSHIP ACTIVITIES

List activities where you have served as a leader. Include any offices you have held in clubs or organizations. These activities could be both in school and outside of school. You can attach a separate sheet with your response

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List activities where you have participated in service projects. These activities could be both in school and outside of school. Talk about your role in the activity and about any projects that you initiated. You can attach a separate sheet with your response.

OTHER ACTIVITIES

List employment and other significant extracurricular activities not mentioned above. Tell us why you chose this activity and what you gained from your participation in the activity. You can attach a separate sheet with your response.

REFERENCE

List the person you have asked to provide your letter of reference. The letter must be from a person familiar with your academic abilities and school activities, and should address your interest in teaching and the qualities that will make you a successful educator. List the name, title, and telephone number or email address. Attach the letter of reference to this application form and make sure that your name is in the upper right corner.

Vame	•	Title	E-mail Address or Phone Number
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GOALS STATEMENT

You have decided as a goal that you want to become a teacher. Please share your vision as to what that means to you and how you see yourself accomplishing this goal (100 to 150 words). You can attach a separate sheet with your response.