**Thomas Jefferson Elementary School PTO Scholarship Application and Requirements**

**Scholarship Description**

Thomas Jefferson Elementary School’s PTO will offer one $500.00 scholarship each school year. The scholarship will be awarded to the student who has demonstrated academic achievement and excellence in service to their school and community.

**Criteria**

The recipient of the scholarship must meet the following criteria:

* Applicant must be a graduating senior at Liberty High School or Freedom High School
* Applicant must have attended Thomas Jefferson for at least one school year between Kindergarten and 5th grade
* Applicant must have a minimum 3.0 GPA
* Applicant must be attending an accredited college, university, vocational or technical school in the Fall of her/his graduating year.

**Application Requirements:**

The following requirements must be met or included with the application:

* Copy of applicant’s transcript
* A letter of recommendation from a teacher and community/school leader (please be sure they list their name and Title on recommendation). Two letters of recommendation total are needed.
* An essay in which the applicant outlines how they have achieved academic success and how they have served their school and community. Please include the following sections:
  + A reflection on your time at Thomas Jefferson Elementary School
  + An overview of the extracurricular activities/community groups you are or have been involved with
  + Words of advice you would give an elementary student, something that you have learned during your academic years

**Application Procedure:**

* The attached application must be completed and submitted with the above requirements.
* Applications must be submitted by the last day in April.
* Application can be found in the Guidance Office or on the BASD Foundation website [TheFoundation.beth.k12.pa.us](file:///C:\Users\jbailey\Downloads\TheFoundation.beth.k12.pa.us)
* Email, mail or deliver the application including transcripts, essay and letter of recommendation to

Mail or Deliver to:

Thomas Jefferson Elementary School.

Attn: Principal

404 East North Street  
Bethlehem, PA 18018-4305

Email to:

thirner@basdschools.org

* The applications will be reviewed by a committee (including Principal, PTO representative(s) and staff member (s).
* The scholarship will be awarded by June 1.
* A member of the committee will notify the recipient.
* The $500 check will be made payable to the education institution directly (the check will be issued from the BASD Foundation).
* The PTO has the authority to request proof of acceptance.

**Thomas Jefferson Elementary School PTO Scholarship Application**

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

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

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution attending in Fall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Years & Grade Level of attendance at Thomas Jefferson Elementary School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing below, I verify that all of the information provided on this application is true and accurate.

**Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **To be completed by the applicant’s current guidance counselor:**  Applicant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By signing below, I verify that all of the information provided on this page is true and accurate.  **Guidance Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_** |