St. Joseph PTA Council

1415 N. 26th St. (Admin Bldg.)
St. Joseph MO 64506

Character and Spiritual Leader Scholarship

The St. Joseph PTA Council has established a $1,000 scholarship for incoming high school Seniors. Each Spring, Juniors are invited to submit applications. The chosen applicant will be announced on our website, stjoepta.org and we will contact them. The scholarship recipient will then attend PTA Council meetings and other events throughout their Senior year. More information about that is provided below. The student will receive their scholarship award at the May PTA Council meeting they attend (the last meeting of the school year).

REQUIREMENTS FOR ELIGIBILITY:

- Must be a graduating Senior of a St. Joseph Public School (will be a Junior when applying). Must be a member of their high school PTSA for the current year.
- Must maintain at least a 2.0 GPA.
- Must have one one letter of recommendation from school personnel. (Ex: Teacher, Principal or Guidance Counselor).
- Must complete the application attached.
- Must attach a transcript with application.
- Must write and attach an essay on your goals for college and career (150 words or less).

THE AWARD RECIPIENT:

- Must attend five general meetings of the St. Joseph PTA Council and the Founder's Day Dinner and be prepared with a motivational "thought for the evening" at these meetings. Meetings are every second Thursday of the month. Founders Day is usually the second Thursday in February.
- Must prepare monthly motivational thoughts, short poem or quote to be published in our monthly newsletter (Council Clippings). This does not have to be an original work of art.

Applications will be available at the guidance counselor office for current Juniors. They are due to the guidance counselor no later than the first week of May of the current year. Selection will be made by June of the current year. Applications will be forwarded to PTA Council Awards chairman by the school's counselor.

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Applicant's Full Name:

Date of birth:

Address:

Email:

Telephone #:

Parent/Guardian name:

Name and address of high school and number of years at that school:

Name and address of the college or university you plan to attend:

I plan to be a member of my high school PTSA for the current year. Yes or No
I have been a PTA/PTSA member for____ years.

I hereby certify that the above information is correct to the best of my knowledge.

Signature: Date: