

Scholarship Application Eaton Classroom Teachers Association

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone Number _____

Age _____ Date of Birth _____

Name(s) of Parent(s) or Guardian(s)

Father _____ Occupation _____

Mother _____ Occupation _____

Guardian _____ Occupation _____

Guardian _____ Occupation _____

Number of Siblings: _____ Older _____ Younger

Are any of your siblings currently in college?

_____ Yes _____ No If yes, how many? _____

Please attach a copy of your High School Transcript. GPA _____

I understand that completion of this scholarship application does not guarantee receiving the scholarship and I verify that all information presented is both accurate and complete.

Student Name (first and last; please print)

Student Signature *Date*

I have read the information provided by my son/daughter in this packet and can verify that it is true, accurate, and complete in its presentation.

Parent/Guardian Signature *Date*

Estimated financial assistance from family or guardian. Explain.

Estimated scholarship money and financial aid from other sources. Explain.

Estimated financial assistance in grants. Explain.

Are there any unusual circumstances, which affect your financial situation, or other anticipated financial assistance? Explain.

Describe your membership in Eaton Future Educators of America. List experiences that include your active involvement.

Check grades as a member: 9 _____ 10 _____ 11 _____ 12 _____

Experiences: _____

Explain leadership positions and teaching experiences in other areas (scouts, school, church, 4H, jobs, etc.)

Explain extracurricular activities (grades 9-12). Include school, community, and church activities.

Please attach two letters of recommendation. One letter should be from one (1) teacher and one (1) from another person. DO NOT include relatives.

Below, please provide the contact information for the persons writing the letters of recommendation.

Name	Address
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Telephone	email address
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Occupation

Name	Address
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Telephone	email address
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