

# The Paulding County Council of PTAs Scholarship

3236 Atlanta Highway Dallas, GA 30132

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The scholarship fund is provided by the Paulding County Council of PTA's, a non-profit organization. Scholarships are awarded to outstanding high school seniors who aspire to better themselves through education.

In 2008, the Paulding County Council of PTA's voted to create a one-year scholarship program for Paulding County School System students. The scholarship originally honored Trudy Sowar upon her retirement as the Superintendent of the Paulding Count School District.

It was the decision of the local units of the Paulding County Council of PTA's to continue supporting a scholarship program for graduation students of Paulding County. It was renamed to the Paulding County Council of PTAs Scholarship in 2009.

We are looking to honor a model student(s) that has aspiration to continue their education at an accredited post-secondary institution or a certified technical school.

Paulding County Council of PTAs has chosen to continue with a Scholarship Fund so that we may help to guide future leaders in pursuit of their dreams through higher education.

## **Awards/Funding**

Funding for this scholarship is obtained through the contributions from local PTA and PTSA organizations. All local units are encouraged to make contributions. The amount of the scholarship funds to be disbursed will be determined by the amount of contributions received.

Scholarship amounts may vary. Scholarship funds may be applied to cover actual expenses for tuition, fees, and books. Scholarship funds may only be applied toward actual expenses for items considered reasonable or routine for any student enrolled in the same program of study at the same institution. Scholarship(s) shall be awarded for the fall quarter/semester of the next school year.

## **Application**

In order to apply for the Paulding County Council of PTA's Scholarship, the enclosed application must be completed and post marked on or before April 1, 2019. Please send scholarship applications to the address below between January 1, 2019 and April 1, 2019.

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## Eligibility

### Applicants must:

1. Be a **current member** of your local school PTSA;
2. Be a Paulding County graduation high school senior **accepted** by an accredited post-secondary institution or a certified technical school, or be currently enrolled at such school;
3. Have a grade point average of **at least 3.0** at the time of application;
4. All portions of the application **need to be filled out completely** and all additional information included (including but not limited to the **narrative, SAT scores and high school transcripts**) in envelope and mailed to the address below by April 1, 2019.

## Selection

There are 5 trustees of this scholarship. The trustees meet throughout the year at board meetings. An additional 5-person scholarship selection committee has been established to review all applications and award the scholarship(s) on the basis of community service and activities, career goals, letters of recommendation, academic excellence, and financial need. The selection committee weighs each of these areas very carefully.

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## Application

### Section I. Personal Data

**Student:**

**First Name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **PTSA Membership #:** please attach copy of card \_\_\_\_\_

**Email:** \_\_\_\_\_ **Gender:** MALE  FEMALE

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
text.

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent / Legal Guardian:**

**First Name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

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## Section II. Academic Information (Current and Future)

Please attach copies of S.A.T./A.C.T. scores, high school and/or college transcripts. If you have participated in a joint enrollment program and or A.P. level courses, grades will be considered accordingly, and these grades should also be included as transcripts.

High School: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

S.A.T. Score: \_\_\_\_\_ A.C.T. Score: \_\_\_\_\_

High School Course of Study: \_\_\_\_\_

Special Awards and Honors: \_\_\_\_\_

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What University/College/Technical School do you plan to attend: \_\_\_\_\_

What area do you plan to study? \_\_\_\_\_

Or, if currently enrolled, University/College: \_\_\_\_\_

GPA: \_\_\_\_\_ Stated Major: \_\_\_\_\_

## Section III. Activities

*(Additional Pages may be used for this section. Please attach sheets to the application.)*

List any community service and extracurricular activities. Please include name of activity or organization, number of years participated and any offices held.

List any work experience. Please include employer name, dates of employment, positions held and number of hours worked per week.

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## **Section IV. Financial Information**

Please describe why you may need scholarship assistance to achieve your goals.

## **Section V. Recommendation**

Please attach a letter of recommendation from a teacher, counselor, or principal at your current school. Additional recommendations from community leaders and employers will be accepted and considered.

## **Section VI. Student Narratives**

In three pages or less, provide a written response addressing the following points. Please attach this to your application.

1. Your decision to pursue a higher degree of education.
2. Your ultimate career goal and your reason(s) for selection of this goal.
3. Your vision for how your decision will impact the world.

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## Section VII. Submission

I, \_\_\_\_\_ do hereby declare that the information contained within this application is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is under 18 years of age, a parent or legal guardian signature is required above.

Parent/ Guardian's Signature: \_\_\_\_\_

(Do Not Write Below This Line)

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## Section VIII. Verification

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Action Taken: \_\_\_\_\_