

## RTA PETER CASTLE MEMORIAL SCHOLARSHIP

Please check one:      \_\_\_\_\_      **General Scholarship**  
    \_\_\_\_\_      **Scott Spino Teaching Scholarship**  
    \_\_\_\_\_      **Gordon Dorway Science Award**

The Rochester Teachers Association, through its Scholarship Committee, awards scholarships to needy and deserving college-bound students. Final selections will be based upon academic achievement, financial need, character and leadership ability.

### SCHOLARSHIP QUALIFICATIONS AND REQUIREMENTS

1. **Applicants must possess a cumulative grade point average of 3.0 (B) or better.**
2. Applicants must demonstrate need for financial assistance in order to attend college, i.e., 2017 Federal Income Tax or Department of Social Services forms.
3. Applicants must possess definite proof of acceptance in an accredited institution of higher learning (2 or 4 years).
4. Applicants must provide an official transcript from high school, including: senior grades to date, official class rank, grade point average, and college entrance scores (SAT, ACT, Achievement tests, if available).
5. Applicants must provide at least one recommendation, meeting the following criteria (use the sheet provided in this application):
  - One recommendation must come from a counselor or senior teacher who can evaluate the student's overall academic performance.
6. The award of \$1000 will be given in two installments: first, \$500 upon receipt of proof of registration; second, \$500 upon receipt of first semester grade point average of no less than **3.0**.
7. All scholarship material must be submitted together and must be postmarked no later than April 27, 2018.

**IT IS THE STUDENT'S RESPONSIBILITY TO SEE THAT ALL SCHOLARSHIP MATERIALS REACH THE ROCHESTER TEACHERS ASSOCIATION OFFICE BY THE DEADLINE.**

**RTA PETER CASTLE MEMORIAL SCHOLARSHIP FUND  
SCHOLARSHIP APPLICATION**

**SECTION I - PERSONAL INFORMATION**

1. Full Name: \_\_\_\_\_  
  (Last)  (First)  (Middle)

2. Address: \_\_\_\_\_  
  (Number-Street)  (City)  (Zip)

3. Telephone: \_\_\_\_\_  
  (Area Code)  (Number)

4. Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
  (Month)  (Day)  (Year)

5. High School and I.D. Number: \_\_\_\_\_  
  (School)  (I.D. Number)

6. U.S. Citizen: \_\_\_\_\_ If no, Alien Registration No. \_\_\_\_\_

7. Parents:

Mother/Guardian: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Union affiliation, if any: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Union affiliation, if any: \_\_\_\_\_

8. How many brothers and sisters live in your household? \_\_\_\_\_  
Names   Ages   School Now Attending

Names	Ages	School Now Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION II - FINANCIAL INFORMATION:** You will need to submit a copy of your Parents 2017 Federal Income Tax or a Department of Social Services Budget Sheet.

1. Gross income, before taxes, of both parents: \_\_\_\_\_

2. Additional financial support or income: \_\_\_\_\_

3. Your source of financial support (check all applicable).

Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

4. Your other source(s) of income:

Social Security (yearly amount) \_\_\_\_\_

Public Assistance (yearly amount) \_\_\_\_\_

Other (yearly amount) \_\_\_\_\_

5. What is your estimate of your financial need for one year in College?  
(Include cost of books, tuition, and fees.) \_\_\_\_\_

6. What will be your main source of financial support while you are in college?

Parents \_\_\_\_\_ Self \_\_\_\_\_ Scholarship/Grants \_\_\_\_\_

If scholarships or grants, please list (example: FAF/TAP, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION III - EMPLOYMENT I**

Give employment history as completely as possible beginning with your present or latest employer. Include all part-time and/or summer employment as well as volunteer employment.

1. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
Job description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
Job description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_  
Job description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV - ACADEMIC AWARDS AND HONORS**

List offices held, honors received or special recognition while you were in high school.

Dates	Activity or Honor
_____	_____
_____	_____
_____	_____
_____	_____

**SECTION V - EXTRA-CURRICULAR ACTIVITIES**

Community and/or extracurricular school activities in which you have participated.  
(Identify leadership positions).

Dates	Activity	Responsibility

**SECTION VI - PERSONAL SKETCH**

A. What do you plan to study? (Include circumstances and/or individuals who have influenced you)

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B. What are your long range career and personal goals?

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C. Why do you feel you should receive this scholarship?

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D. Comment on how your family's financial situation qualifies you for this scholarship:

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**SECTION VII - CONCLUSION**

1. I will be available for an interview, if necessary.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. I assume complete responsibility for the accuracy of this information stated in this application.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Deadline:** This application should be postmarked no later than midnight **April 27, 2018**, and returned to:

Rochester Teachers Association  
Attention: Scholarship Committee  
30 N. Union Street, Suite 301  
Rochester, New York 14607

## STUDENT CHECKLIST

Have you included all of the following information:

- \_\_\_\_\_ A completed application.
- \_\_\_\_\_ Proof of acceptance at an accredited institution of higher learning.
- \_\_\_\_\_ At least one recommendation.
- \_\_\_\_\_ An official high school transcript showing grade point average and official class rank and SAT scores.
- \_\_\_\_\_ A copy of first semester report card showing senior grades to date.
- \_\_\_\_\_ Enough financial information to indicate need.
- \_\_\_\_\_ Copy of Federal Income Tax Form or Department of Social Services Budget Sheet.

**IT IS THE STUDENT'S RESPONSIBILITY TO SEE THAT ALL SCHOLARSHIP MATERIALS REACH THE ROCHESTER TEACHERS ASSOCIATION OFFICE BY THE DEADLINE.**

**TO THE APPLICANT:** Give this sheet to one counselor or senior teacher.

Name of Student asking for recommendation: \_\_\_\_\_

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

State your impression of this student giving specific examples in each of these categories: academic achievement, financial need, character, leadership ability, and other information.

Please send this letter of recommendation to:  
Rochester Teachers Association  
Attn: Scholarship Committee  
30 N. Union Street, Suite 301  
Rochester, New York 14607

This letter of recommendation must be postmarked no later than: **April 27, 2018.**