



# rochester teachers association

Representing teachers • school instructors • substitute teachers • home/hospital teachers • retired teachers

## RTA PETER CASTLE MEMORIAL SCHOLARSHIP FOR THE SON OR DAUGHTER OF AN RTA MEMBER

NOTE: This application form may also be used for the son or daughter, or grandson or granddaughter of a deceased RTA member. (All other qualifications apply.)

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 qualities.

### SCHOLARSHIP QUALIFICATIONS AND REQUIREMENTS

1. Applicants must be a senior in high school and possess a cumulative grade point average of 3.0 (B) or better.
2. Applicants possess definite proof of acceptance in an accredited institution of higher learning (2 or 4 years).
3. 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, and class rank if available).
4. Applicants must provide at least three recommendations, meeting the following criteria (use the sheets provided in this application):
  - Two recommendations must come from a counselor or senior teacher who can evaluate the student's overall academic performance.
5. The award of \$1000 will be given in two installments: \$500 upon receipt of proof of registration; second, \$500 upon receipt of first semester grade point average of no less than **3.0**.
6. All scholarship material must be submitted together and must be postmarked no later than April 24, 2026.

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

30 North Union Street • Rochester, New York 14607 • Tel: 585-546-2681 • Fax: 585-546-4123  
[www.rochesterteachers.com](http://www.rochesterteachers.com)



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: \_\_\_\_\_  
RTA Membership, if any: \_\_\_\_\_
- Father/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
RTA Membership, if any: \_\_\_\_\_
8. How many brothers and sisters live in your household? \_\_\_\_\_
- | Names | Ages  | School Now Attending |
|-------|-------|----------------------|
| _____ | _____ | _____                |
| _____ | _____ | _____                |
| _____ | _____ | _____                |
| _____ | _____ | _____                |

**SECTION II - EMPLOYMENT**

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 III - ACADEMIC AWARDS AND HONORS**

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

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

**SECTION IV - EXTRA-CURRICULAR ACTIVITIES**

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

Dates	Activity	Responsibility
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION V - PERSONAL SKETCH**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**SECTION VI - 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 24, 2026**, and returned to:

ROCHESTER TEACHERS ASSOCIATION  
ATTN: 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 three letters of recommendation, two recommendations from a counselor or senior teacher who can evaluate the student's overall academic performance.
- \_\_\_\_\_ A copy of first semester report card showing senior grades to date.
- \_\_\_\_\_ An official high school transcript showing grade point average and official class rank, senior grades to date, college entrance scores (SAT, ACT, Achievement Tests, if available).

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

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

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

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

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

State your impression of this student by giving specific examples in each of these categories: academic achievement, 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 24, 2026**.

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

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

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

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

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

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

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

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