

Frontier Central
Teachers' Association

Son/Daughter Scholarship
(Senior High School Graduate)

Application Form

Attached is the application for the **FCTA Son/Daughter Scholarship**. Please complete this application in writing and **return it to the address indicated no later than April 1.**

*** Please Note: Late Applications will not be considered ***

**Scholarship Application for a Son/Daughter of an FCTA Member
Frontier Central Teachers' Association
Local #2663**

Name: _____ Date of Birth: _____
 (last) (first) (initial)

Address: _____ Home Phone: _____

Name of Guidance Counselor: _____

PLEASE COMPLETE THE FOLLOWING SECTIONS

A. Honors received in high school for *scholastic* achievement:

B. High school extra-curricular activities and clubs (list in order of interest to you)

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

C. List your volunteer experience

D. Parent/Guardian Occupation(s): _____

E. List any work experience you have had:

F. List the first names and ages of any siblings, and whether they are working or attending school:

Name	Age	School/Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. College you plan to attend: _____

Field of study: _____

PLEASE BE SURE TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- **at least 2 letters of recommendation** about your character, personality, and ability
- your **high school transcript** of grades and accumulated average, including the 1st semester of your senior year, signed by your Guidance Counselor or School Principal
- copies of your **SAT and/or ACT scores** *unless they appear on your transcript*
- an **essay of approximately 250 words** (typed and double spaced) about your educational objectives

Completed applications with attachments must be returned no later than April 1 to:

**Frontier Central Teachers' Association
Frontier High School
4432 Bay View Road
Hamburg, New York 14075
Attention: Karen Pasternak**

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