

# Memphis-Shelby County Education Association Scholarship Fund Trust

Scholarship Office

MSCEA SCHOLARSHIP APPLICATION

(901) 454-0966 x30

## ELIGIBILITY REQUIREMENTS

- Dependent of M-SCEA member    ■ Attend a public institution in Tennessee    ■ Plan to become a teacher

## INSTRUCTIONS

1. Please type or print each item. Do not use pencil. Use "N/A" for items which do not apply.
2. This application must be received at the MSCEA office no later than **the second Thursday in April**.
3. **You must apply each year. Applicant scholarships are NOT automatically renewed.**
4. Applicant must provide a **Letter of Acceptance** to a **Teacher Education Program** after the second year of study, if applicable.
5. If student is not enrolled in a Teacher Education Program, provide an explanation from the **Academic Advisor/Dean of Students**.
6. Recipients are eligible for a maximum of five (5) scholarships.
7. While enrolled at a 2-year institution, student shall be eligible for only two (2) scholarships.
8. This application will not be processed unless all responses are completed and all required paperwork is submitted.
9. Please call if you have any questions, 901-454-0966 x30.

**STUDENT:** Name \_\_\_\_\_

First

Middle

Last

Preferred Name

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Schools Attended: Elementary \_\_\_\_\_

Junior High/Middle \_\_\_\_\_

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

High School Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Number of brothers & sisters at the above address \_\_\_\_\_ Number of brothers & sisters in college \_\_\_\_\_

**MOTHER:** Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Mother's Occupation\* \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work E-mail \_\_\_\_\_

\*If MOTHER is employed by Shelby County Schools, indicate work location. \_\_\_\_\_

**FATHER:** Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Father's Occupation\* \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work E-mail \_\_\_\_\_

**\*If FATHER is employed by Shelby County Schools, indicate work location.** \_\_\_\_\_

**LEGAL GUARDIAN:** If you have listed a parent, **MARK (NA) IN THIS SECTION.** If no biological parent was listed, complete this section. *Proof of legal guardianship must accompany this application.*

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Guardian's Occupation\* \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work E-mail \_\_\_\_\_

**\*If LEGAL GUARDIAN is employed by Shelby County Schools, indicate work location.** \_\_\_\_\_

**W-2 Form(s):** Attach copies of parent's or guardian's W-2 forms \_\_\_\_\_

**MSCEA Member's Name** \_\_\_\_\_

*Parent or Legal Guardian*

Member Since \_\_\_\_\_ Member's Work Location \_\_\_\_\_  
*Date School/Center/Etc. Location Code*

*For office use only*  
Membership verified:

\_\_\_\_\_  
Initials Date

**FIRST YEAR APPLICANT - First year applicant must provide the following:**

**Essay: Why I Want To Become An Educator?** (No more than 250 words)  **Color photo of Applicant**

**High School Transcript and Test Scores OR Recent College Transcript**

SAT Scores \_\_\_\_\_ Verbal \_\_\_\_\_ Math \_\_\_\_\_

ACT Composite Score \_\_\_\_\_ Class Rank \_\_\_\_\_ Number in Class \_\_\_\_\_

**Signature of High School Counselor or Principal** \_\_\_\_\_

**School Activities/Clubs** (List and indicate any office or position with these Activities/Clubs)

**Sports** (List all)

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**Is the student a member of Future Teachers of America Club?**  Yes  No (for high school senior only)

**Faculty Sponsor** \_\_\_\_\_

**Honors/Awards** (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> National Merit Finalist/Semifinalist        | <input type="checkbox"/> National Honor Society                        |
| <input type="checkbox"/> National Achievement Finalist/Semifinalist  | <input type="checkbox"/> Governor's School                             |
| <input type="checkbox"/> Model United Nations                        | <input type="checkbox"/> Who's Who Among American High School Students |
| <input type="checkbox"/> Boys/Girls Nation                           | <input type="checkbox"/> Outstanding Students of America               |
| <input type="checkbox"/> Class Office - Position _____               | <input type="checkbox"/> Society of Distinguished High School Students |
| <input type="checkbox"/> Student Council/Government - Position _____ |  |
| <input type="checkbox"/> Extracurricular Activities _____            |  |

**List Community & Volunteer Activities** \_\_\_\_\_

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**Hobbies** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Experience (List)**

Employer: \_\_\_\_\_

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

Position/Duties: \_\_\_\_\_

When: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Position/Duties: \_\_\_\_\_

When: \_\_\_\_\_

**CHOICE OF INSTITUTION**

**Note: During enrollment at a 2-year institution, student shall be eligible for only TWO (2) scholarships.**

1. List the Colleges or Universities where you **HAVE APPLIED**. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List the Colleges or Universities where you **HAVE BEEN ACCEPTED**. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you made a **DEFINITE DECISION** regarding your choice of institution?  Yes  No

If **YES**, provide name of institution. \_\_\_\_\_

If **NO**, see the instructions below.

**\*\*\* ATTENTION \*\*\***

**When you decide on your choice of institution:**

1. Notify MSCEA as soon as possible, 901-454-0966, x30.
2. Send MSCEA a copy of the Acceptance Letter from your choice of institution.
3. The Acceptance Letter is required before MSCEA can process your application.

Provide other information that might be helpful for processing your scholarship application.

Four horizontal lines for providing additional information.

Have you previously been awarded one of our Fund Trust Scholarships? YES  NO  If YES, indicate the number of awards & show the school year(s) awarded (i.e., 2018-2019, 2019-2020).

Number School years in which scholarships were received

- Four checkboxes with corresponding lines for entering the number of awards and school years.

ENCLOSE A COPY OF YOUR RECENT SCHOOL TRANSCRIPT.

Note: Recipients are eligible for a maximum of FIVE (5) scholarships.

CHECKLIST OF INFORMATION REQUIRED:

- Two columns of checkboxes listing required documents: Completed/Signed Application Form, W-2 Form(s), Proof of Guardianship, Recent Transcript, Color Digital Photo of Applicant, Essay, Letter of Acceptance, and Signatures.

CERTIFICATION

I certify that the information provided on this application is accurate and complete. I give permission for information to be given to appropriate committees in order to determine eligibility for a scholarship. I also give permission for my name to be printed in MSCEA or related publications.

Attention: To be complete, application must include the signatures of applicant AND member.

1. Applicant \_\_\_\_\_ Date \_\_\_\_\_

2. Member (Parent/Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_

NOTE: All Scholarships will be made payable to the Institution for the Benefit of the Scholarship Recipient. Checks will be issued directly to the Institution.

Please forward this application to:

Scholarship Committee
c/o Memphis Shelby County Education Association
Attn: Debra Slonim, Scholarship Program Coordinator
126 Flicker Street, Memphis, TN 38104

# **Memphis Shelby County Education Association Scholarship Fund Trust**

**Scholarship Committee  
c/o Memphis Shelby County Education Association  
126 Flicker Street  
Memphis, TN 38104**

**Phone: 901-454-0966 Ext. 30**

**Fax: 901-454-9979**

**Website: [www.mscea.org](http://www.mscea.org)**

**E-mail: [debraslonim@mscea.org](mailto:debraslonim@mscea.org)**

**Jolie Madihalli, President  
Keith O. Williams, Executive Director**

**“A teacher affects eternity; he can never tell where his influence stops.”**

Henry B. Adams (1838-1918) - Educator, historian and author