

# Galena Park Area Council PTA

## Guidelines for Student Scholarship Applicants

1. Four (4) scholarships of at least \$500.00 each will be awarded to graduating seniors, two from Galena Park High School and two from North Shore Senior High School. The number of any additional scholarships will depend upon monies available through the PTA Council Executive Board.
2. The scholarships will be awarded on the basis of aptitude, desire and need.
3. The scholarships are to be used at the college of the winner's choice for either academic or vocational courses.
4. The recipients shall carry a minimum of 12 semester hours.
5. In each high school there will be six finalists, who will be given personal interviews to help the committee determine the winners.
6. The recipients will be notified within the same week of the interviews and will be honored at the May meeting of the Galena Park Area Council PTA. The scholarship money will be available for the fall semester. If the recipient is not able to attend college at that time, the monies will stay in the budget for two years. In the event that the recipient does not enroll and attend in the designated time period, the scholarship will be forfeited and re-deposited into the scholarship fund. The scholarship winner must submit a copy of their receipt for tuition to the Galena Park Area Council.

Ofelia Garza  
Galena Park ISD Administration Building  
Houston, TX 77015

- 7. Students are required to be a member of their local PTSA.**
8. All applications must be post marked by March 30, 2012 and sent to:  
Ofelia Garza  
C/O GPISD Administration Bldg.  
14705 Woodforest Blvd.  
Houston, Texas 77015

Interviews with the finalist will be held during the week of April 18-19, 2012.  
Finalists will be notified when and where interviews will be held.

Note: All scholarship winners must submit a transcript of their grades to the Galena Park Area Council scholarship chairman upon completion of the semester.

## Galena Park Area Council Student Scholarship Application

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Age \_\_\_\_\_ Date filed \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Number of children in family still at home \_\_\_\_\_

Ages of those children \_\_\_\_\_

Extracurricular Activities (use additional paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Place of employment telephone number \_\_\_\_\_

How long have you worked? \_\_\_\_\_ Hours per week \_\_\_\_\_

Do you expect to earn part of your expense while in college? \_\_\_\_\_

Explain \_\_\_\_\_

Have you applied for other scholarships? \_\_\_\_\_

If you should receive this scholarship, what would be your major areas of interest?

\_\_\_\_\_

Are you a member of your school's PTSA? \_\_\_\_\_ **If the answer is no, you are not eligible to submit this application.**

Please attach a brief (not more than two typed pages) summary of why you would like to receive this scholarship. Please make sure that a copy of your high school transcript is also attached to the application.

Galena Park Area Council PTA  
Guideline for Career Development Scholarship

1. Three scholarships of \$200.00 each will be awarded to employees of GPISD who fulfill the qualifications of the application. This scholarship is open to all teachers, administrators, paraprofessionals, custodians, student nutritionist, librarians, counselors, nurses, etc... that are currently employed by GPISD.
2. These scholarships will be awarded on the basis of participations, relevance, desire and need.
3. The scholarship is to be uses at the college of the winner choice for either academic or vocational courses.
4. Applicant must be a member in good standing of their local PTA.
5. There will be nine finalists, who will be given personal interviews to help the scholarship committee determine winners. Interviews will take place on April 20th, 2010. Finalist will be notified of interview location.
6. The recipient will be notified within the same week of the interviews, and will be honored at the May meeting of the Galena Park Area Council PTA.
7. Applications must be post marked by March 30, 2012.  
Applications may be sent to:
8. The scholarship winner must submit a copy of their receipt for tuition to the Galena Park Area Council.

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Galena Park Area Council Career Development Scholarship Application

To: Galena Park Area Council Scholarship Committee

Linda Sherrard, Chairperson    Date of Application: \_\_\_\_\_

I hereby apply for the Galena Park Career Development Scholarship

1. Mr. Mrs. Ms. \_\_\_\_\_  
Last Name                      First Name                      Middle(maiden)

2. Permanent Address: \_\_\_\_\_  
No. Street                      City                      Zip

3. Telephone Number: \_\_\_\_\_

4. Marital Status (circle one)    Single                      Married                      Divorced                      Widowed

5. Do you work at any other job? \_\_\_\_\_  
Explain: \_\_\_\_\_

6. Spouse's Occupation: \_\_\_\_\_

7. Degree (s) held: \_\_\_\_\_

8. Degree and/or certificate working toward: \_\_\_\_\_

9. Prior to this year, years employed by Galena Park ISD: \_\_\_\_\_

10. On an attached sheet, briefly list the plan for your college work, including the name of the college or university you plan to attend. Also include any other information you deem important for this scholarship.

11. List the name of your school principal and the name and address of the school where you work.

\_\_\_\_\_  
Principal                                      School                                      Address

12. Name of your PTA \_\_\_\_\_

13. Is your PTA in good standing with Galena Park Area Council? \_\_\_\_\_  
Texas PTA? \_\_\_\_\_

14. Name, address and phone number of your local unit PTA President:

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Name	Address	Phone Number
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15. Please list any civic and community organizations you belong to other than PTA: \_\_\_\_\_

16. What is your current educational field? \_\_\_\_\_

17. In your opinion, how will this scholarship improve proficiency in your field?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. If you do not stay in the Galena Park Independent School District for the ensuing year, do you agree to repay the amount of the scholarship? \_\_\_\_\_

19. Are you related to any member of the Galena Park Area Council PTA Executive Board or a member of screening or interview committee? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, agree to the provisions stated in the Guidelines and this application. I understand that the scholarship funds must be returned if I am unable to meet the obligations set out the Galena Park Area Council PTA. I further signify that the information given on this application is, to the best of my knowledge, accurate.

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Signature of Applicant

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Date