

GWINNETT COUNTY RETIRED EDUCATORS ASSOCIATION

SCHOLARSHIP APPLICATION FOR TEACHERS

Criteria and General Information:

The purpose of this scholarship is to honor two educators from the Gwinnett County Public School System who are currently accepted into an accredited graduate program. Academic ability and financial need will be reviewed, but the overriding criteria will be the applicant's sincere intention to remain in the field of education.

1. The scholarship award is \$1500.00
2. Only educators who are accepted into an accredited college or university and plan to continue in the field of education in Gwinnett County are eligible to apply.
3. The scholarship will be paid directly to the recipient.
4. Application must be typed. Additional pages may be added for each response. The application can also be found on www.gcrea.org under Support Services.
5. Application must be postmarked no later than March 1, 2012.
6. Mail two (2) complete copies to:

Carolyn Fetner GCREA Scholarship Committee
2219 Walker Drive
Lawrenceville, GA 30043
Home Phone: 770-963-6118
7. Recipient will be notified by April 1, 2012.
8. Applicant's requirements:

- a. Acceptance into an accredited graduate program at the time of mailing the Application
- b. Employed as a certified GCPS educator and returning the following year
- c. Submission of application postmarked by March 1, 2012.

Do you plan to stay in the field of education in Gwinnett County after completing your degree? _____

Reason you wish to pursue this degree: _____

Are you expecting any other financial aid or scholarship? _____

If yes, explain. _____

Briefly describe a success you have had as an educator. _____

How would you describe your goal or purpose as an educator? _____

Honors, Awards, Achievements _____

Special Talents and Hobbies that Contribute to Your Role as an Educator

Signature _____

If additional space is needed for above categories, please feel free to type the questions on another sheet and follow with your answers.

GWINNETT COUNTY RETIRED EDUCATORS ASSOCIATION

SCHOLARSHIP APPLICATION FOR TEACHERS

NAME _____

ADDRESS _____

City _____ State _____ Zip Code _____

Home Phone _____ School Work Number _____

Work e-mail _____@gwinnett.k12.ga.us

Spouse's Name _____

Spouse's Place of Employment _____

Names of Children Grade Level Age

Total Family Income Last Year Before Taxes: Circle one

\$25,000-35,000 \$36,000-50,000 \$51,000-75,000 \$76,000-100,000 over \$100,000

School Presently Employed _____

Address: _____

Present Position _____

Total Years Taught _____

Undergraduate Degree Held _____ Grade Point Average _____

Have you been accepted into a graduate program? _____

Name of College or University You Plan to Attend _____

Address _____

Graduate Degree Obtaining _____