

**ADAMS COUNTY RETIRED TEACHERS ASSOCIATION
SCHOLARSHIP GUIDELINES**

THE ADAMS COUNTY RETIRED TEACHERS ASSOCIATION WILL AWARD A FIVE-HUNDRED DOLLAR SCHOLARSHIP TO A GRADUATING ADAMS COUNTY SENIOR, WHO IS PLANNING A CAREER IN THE TEACHING FIELD.

ACCEPTING APPLICATIONS FOR CANDIDATES FOR THIS SCHOLARSHIP WILL BE THE RESPONSIBILITY OF EACH OF THE LOCAL SCHOOLS: MANCHESTER HIGH SCHOOL, NORTH ADAMS HIGH SCHOOL, PEEBLES HIGH SCHOOL, WEST UNION HIGH SCHOOL, THE CAREER AND TECHNICAL CENTER AND THE ADAMS COUNTY CHRISTIAN SCHOOL.

GUIDELINES FOR APPLICANTS:

- 1. ONLY STUDENTS PLANNING A CAREER IN THE TEACHING FIELD SHOULD APPLY.**
- 2. A STUDENT RECEIVING OTHER SCHOLARSHIPS WILL BE ELIGIBLE TO APPLY.**
- 3. CHECK WITH THE GUIDANCE COUNSELOR IN YOUR BUILDING FOR A WRITTEN APPLICATION TO APPLY.**
- 4. APPLICATIONS MUST BE RECEIVED BY LAST FRIDAY IN APRIL. THE APPLICATION IS TO BE RETURNED TO THE SCHOLARSHIP CHAIRPERSON BY THIS DATE.**
- 5. FINAL SELECTION WILL BE BASED ON STUDENT'S GRADES, RANK IN CLASS, AND WRITTEN ANSWERS TO QUESTIONS POSED ON THE APPLICATION.**

PRESENTATION OF SCHOLARSHIP

- 1. A CERTIFICATE WILL BE PRESENTED TO THE STUDENT SELECTED TO RECEIVE THE SCHOLARSHIP AT COMMENCEMENT.**
- 2. A CHECK WILL BE PRESENTED TO THE COLLEGE OF THE STUDENT'S CHOICE, AFTER THE STUDENT IS ENROLLED. THE STUDENT IS TO NOTIFY THE TREASURER OF THE ACRT SO THE TRANSACTION MAY BE COMPLETED.**

ADAMS COUNTY RETIRED TEACHERS ASSOCIATION
SCHOLARSHIP APPLICATION

NAME OF APPLICANT _____ PHONE _____

ADDRESS _____
STREET/BOX NO. TOWN ZIP CODE

NAME OF SCHOOL _____

RANK IN CLASS(UPPER,MIDDLE,LOWER THIRD)

WHAT ARE YOUR COLLEGE PLANS? _____

HAVE YOU BEEN ACCEPTED? _____

LEVEL YOU PREFER TO TEACH:

HIGH SCHOOL, ELEMENTARY, KINDERGARTEN

- ON A SEPARATE SHEET OF PAPER, WRITE A PARAGRAPH EXPLAINING WHY YOU WANT TO BE A TEACHER.
- ON A SEPARATE SHEET OF PAPER TELL WHY YOU WOULD LIKE TO RECEIVE THE \$500.00 SCHOLARSHIP.

SIGNED: _____

APPLICANT SIGNATURE

TO BE SIGNED BY PARENT: IF _____ RECEIVES THE SCHOLARSHIP, I/WE WILL ENCOURAGE HIM/HER TO COMPLETE THE REQUIREMENTS FOR A TEACHING CERTIFICATE.

PARENT OR PARENT'S SIGNATURE

COUNSELOR SIGNATURE:

- A SCHOOL TRANSCRIPT MUST BE ATTACHED TO THIS APPLICATION.

Return application to :Carol Motza, 748 Sininger Road,
Winchester, Ohio 45697 by the last Friday in April.