

Teachers Association of Anne Arundel County

FOUNDATION FOR EDUCATIONAL EXCELLENCE

SCHOLARSHIP APPLICATION

Please print or type. **Complete the entire application.** Incomplete applications will not be considered. All information given by you will be held confidential and shared only with the Selection Committee. **APPLICATIONS MUST BE RECEIVED BY 4:00 PM, April 4, 2025.**

STUDENT'S CURRENT INFORMATION

1. Name _____
2. Complete Address _____
3. Home Phone _____
4. Cell Phone _____
5. School _____
6. Email _____

7. Provide your parent/guardian information:

Name	Employer	Position
a. _____	_____	_____
b. _____	_____	_____

8. List the college(s) or trade school(s) you are considering:

a. _____	Accepted? _____
b. _____	Accepted? _____
c. _____	Accepted? _____

9. List the activities in which you have participated in high school. Indicate any leadership positions:
(Begin listing below. Additional sheets may be attached only if extra space needed.)

10. List your work experience, starting with most recent:
(Begin listing below. Additional sheets may be attached only if extra space is needed.)

Name of Employer	Position	Dates	Total Earnings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. List your volunteer/community service:
(Begin listing below. Additional sheets may be attached only if extra space is needed.)

Organization	Name of Supervisor	Service You Provided	Total Hours

12. List any other financial aid awards you have received or expect to receive, or write None:

13. Number of siblings: _____ 14. Number of siblings living at home: _____

15. Number of siblings now in college: _____ Where: _____

16. Describe any unusual family financial circumstances or write None: _____

17. Adjusted gross **family** income from most recent Federal Tax Return: _____
(Form 1040 line 37 or 1040A line 21) (We must have this information.)

18. Career field you plan to enter: _____
(Be specific.)

19. On one typed page, tell us about yourself. Include what you think is most interesting about you, your strengths both personal and academic— and your plans for the future, including your reason for your choice of a career.

20. Recommendation must be on AACPS letterhead from a TAAAC member.

IMPORTANT: All items 1-20 MUST be completed, including required signatures. If you leave blanks, your application WILL NOT be considered.

Please review and sign:

I have examined this application, and the information given is true and accurate to the best of my knowledge.

Applicant's signature

Date

Parent/guardian's signature

Date

BE SURE TO INCLUDE A TRANSCRIPT AND LETTER(S) OF RECOMMENDATION ALONG WITH YOUR COMPLETED APPLICATION AND MAIL TO:

Teachers Association of Anne Arundel County
FOUNDATION FOR EDUCATIONAL EXCELLENCE
2521 Riva Road, Suite L-7
Annapolis, Maryland 21401

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