



Sylacauga City Schools Foundation Future Teacher Scholarship Application

Student Name: _____ Date: _____

Gender: _____ Graduation Date: _____ Diploma Type: _____ GPA: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Parent Names: _____

Mother's Place of Employment: _____

Father's Place of Employment: _____

Student's Place of Employment (if applicable): _____

College you plan to attend: _____

Major (must be pursuing an education degree): _____

What are your short and long-term goals relating to your education?

Honors/Awards: (You may attach a résumé for this instead of listing all)**

Community Service: (You may attach a résumé for this instead of listing all)**

Leadership & Extracurricular: (You may attach a résumé for this instead of listing all)**

Why do you desire to become a teacher?

Why do you feel you should receive a scholarship?

****You may attach information if needed for above questions.**

Provide one letter of recommendation from a teacher or someone who knows you outside of school from the community (pastor, piano teacher, coach, boss at work, etc.).

APPLICATION DEADLINE IS APRIL 6, 2018.

RETURN APPLICATION AND LETTER OF RECOMMENDATION TO YOUR GUIDANCE COUNSELOR.