



\$1,000 SCHOLARSHIP



Jefferson County Retired Educational Association (JCREA)/Missouri Retired Teachers Association (MRTA) are offering a \$1,000 scholarship to applicants meeting the following requirements:

1. A graduate of a **Jefferson County** Missouri high school
2. A 3rd or 4th year student majoring in **education**
3. A student who presents a **Letter of Recommendation** from at least one of his/her college professors
4. A student having earned a GPA of **3.0 or better**

Applications are available in the Department of Education, Registrar's Office and Office of Financial Assistance

DEADLINE FOR COMPLETED APPLICATION: POSTMARKED APRIL 15, 2021

Send application to: Judy Perkins

E-mail jdyprk@gmail.com

Or mail U.S.P. 4402 Maple Ln.

DeSoto, MO 63020

The recipient of this scholarship will be notified and invited to attend an association meeting to be recognized as JCREA's 2020 Scholarship recipient.

APPLICATION FORM

\$1,000 scholarship offered by the **Jefferson County Retired Educational Association (JCREA)/Missouri Retired Teachers Association (MRTA)**

Name_____Contact number_____

Home Address_____

Email Address_____H.S. graduate from_____

1 .Current GPA & College attending_____

2. What led you to select the field of education for your career, i.e. elementary education; secondary education; deaf/blind education; special education:

3. What experiences have you had with children related to the field of education?

4. Who was most influential in your decision to major in education and why?

5. Write a brief synopsis explaining your education philosophy.

6. What professional student group/groups are you a member?

7. Which extra-curricular activities have you joined since enrolling in college?

8. If you receive this scholarship, will you make an extra effort to attend and speak at the May 2021 JCREA/MRTA luncheon in Jefferson County if held? Yes No

I understand that the information on this application will be reviewed by various groups that will select the scholarship recipient. In applying for this scholarship, I waive my right of confidentiality.

I do_____ I do not_____waive my right of access as provided by Federal Law PL93-380 to confidential letters and statements of recommendation submitted on my behalf relative to this application.

I certify that the information in this application is correct to the best of my knowledge.

Signature of Applicant_____

Date_____