

## **Grand Traverse Area Retired School Personnel VOCATIONAL Scholarship**

### **Qualifications for Scholarship:**

- Minimum 2.5 grade point average
- Must provide evidence of achievement within your chosen vocational field

### **Application Requirements:**

- Complete Application Form – must be word processed
- Online Application available at: <http://www.tbactc.org/general-info/scholarships.asp>
- Copy of High School Transcript which includes Fall semester/trimester of your senior year
- THREE recommendation forms with a letter of recommendation attached.

Required recommendations:

- School Counselor
- High School Faculty Member (i.e. teacher, advisor, administrator)  
Career-Tech students should get one from their CTC instructor.
- Personal reference (i.e. employer, neighbor, church member – not a relative)

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**Applications must be postmarked by: FRIDAY, FEBRUARY 24, 2012**

**Please mail applications to:**

Dawn Humphreys  
214 West Tenth St.  
Traverse City, MI 49684

Grand Traverse Area Retired School Personnel

RULES FOR VOCATIONAL SCHOLARSHIP APPLICATIONS

For the year 2011-2012, the GTARSP will make available a minimum of \$4000.00 for scholarships to be used in two categories. Two Vocational Scholarships will be given at a minimum of \$1000.00 each. Two Academic Scholarships will also be available.

General Rules for all Applications:

1. Students of all public and parochial schools with the boundary lines of the Traverse Bay Area Intermediate School District will be eligible to apply for a scholarship providing they meet the scholarship criteria.
2. All awards will be made without regard to sex, race, creed, or color.
3. Any scholarship given will be for one year only. If the scholarship monies are not used by the recipient at the specified school, the money is returned to GTARSP.
4. Students may attend the college, university, or vocational program of their choice as it appears on their original application.
5. No scholarship will be given without a personal interview with the Scholarship Committee.
6. No scholarship application will be considered without THREE completed GTARSP scholarship recommendation forms.
7. No scholarship application will be considered without a student transcript.
8. Only GTARSP scholarship forms will be accepted.
9. If no applicant meets the criteria in any given year, within any category, no award will be made. If no applicant meets the criteria in one category, but there are applicants in the other category who meet the criteria, two or more scholarships may be awarded in that category.
10. All monies (in the student's name) will be given directly to the financial aid office of the college, university, or vocational school the student plans to attend.
11. Scholarship applications must be postmarked by FRIDAY, FEBRUARY 25, 2012.
12. Scholarship winners will be notified by May 1, 2012.



### **Awards and Achievements**

List any honors awards or other achievements you have earned during high school, both at school and through community activities.

<b>Name of Award/Honor</b>	<b>Awarded by:</b>	<b>Year</b>

### **Work Experience**

<b>Employer</b>	<b>Job Title</b>	<b>Responsibilities</b>	<b>Dates of employment</b>

### **Educational Plans**

Please list any colleges or post-secondary schools where you have applied.

<b>Colleges/Post-Secondary Schools</b>	<b>Accepted?</b>	<b>Plan to attend?</b>

### **Financial Aid Information**

Please list any other scholarships, grants or loans for which you have applied.

<b>Source</b>	<b>Amount</b>	<b>Pending</b>	<b>Granted</b>

What are your career goals and ambitions? Explain how your college or post-secondary training will help you to achieve your goals.

Why are you applying for this scholarship?

Please be sure to include the following with your completed application:

- An certified copy of your high school transcript (including first semester grades of your senior year)
- Three (3) GTARSP recommendation forms with attached letter of recommendation  
You must have a recommendation from:
  - ✓ A counselor
  - ✓ A staff member
  - ✓ A personal reference (adult) who is not a relative, ( i.e employer, coach, pastor)
- Complete applications must be postmarked by: **FRIDAY, February 24, 2012**  
Mail completed application and all required forms and information to:  
Dawn Humphreys, 214 West 14<sup>th</sup> St., Traverse City, MI 49684

I, the undersigned, acknowledge that the information provided in this application is accurate to the best of my knowledge. Falsification may result in termination of any scholarship granted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grand Traverse Area Retired School Personnel **VOCATIONAL** Scholarship  
RECOMMENDATION FORM

Student name: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please rank this applicant in the following areas:

1 = Excellent, 2 = Above Average, 3 = Average, 4 = Below Average, 5 = Poor, 6 = Not observed

Leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Integrity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Motivation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Self-reliance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Initiative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Ability to follow directions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Ability to accept responsibility	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Ability to relate to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Consideration of others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Academic potential	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Consistency of performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Personal appearance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Print Name and Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a personal letter of recommendation for the student to this recommendation form. Return the completed form and letter to the student to be included with the application.