

West Virginia Association of School Administrators
Memorial Administrative Scholarship Fund Application

WEST VIRGINIA ASSOCIATION OF SCHOOL ADMINISTRATORS

100 ANGUS PEYTON DRIVE

SOUTH CHARLESTON, WV 25303

M E M O R A N D U M

TO: WVASA Members
Scholarship Applicants

FROM: Arthur L. Rogers, Jr, Executive Director

RE: Scholarship Applications

DATE: January 7, 2017

ANNOUNCING 2017 SCHOLARSHIP APPLICATION

The West Virginia Association of School Administrators has long recognized the need to support aspiring administrators in the state. To that end, attached, please find an application to assist an individual in obtaining an administrative certificate for the purpose of seeking a school administrative position in West Virginia. WVASA will award a maximum of four (4) \$1000.00 scholarships based on this application. Application deadline is Friday, May 5, 2017.

Applicants must:

- Be a resident of West Virginia
- Be currently working in a school system within the state
- Have already completed at least six (6) hours toward the administrative certificate
- Be currently enrolled in a class toward that certificate
- Be recommended by the superintendent in the district where the applicant is employed

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APPLICATION FORM

WEST VIRGINIA ASSOCIATION OF SCHOOL ADMINISTRATORS MEMORIAL SCHOLARSHIP

Before completing this application, carefully read the instructions. Complete all items below. If you are unable to provide the information requested, state the reason in the space provided or attach a letter of explanation. The applicant assumes responsibility for ensuring that all requested information is sent as a complete packet and is received or postmarked by the **May 5, 2017**. Faxes will not be accepted. WVASA assumes no responsibility for procuring the information.

Please send original and two (2) copies of the completed application to:

**David Dilly, Chairman
WVASA Scholarship Committee**

Braxton Co. Schools

98 Carter Braxton Drive

Sutton, WV 26601

Academic Year: 2016-17

Application Deadline: May 5, 2017

You must submit the original and two (2) copies.

Name: _____
Last First Middle

Permanent Address: _____
Street or PO Box City State Zip

Are you a West Virginia resident? Yes No

In what county do you reside? _____

What is the name of the Superintendent of Schools? _____

Social Security Number: ____/____/____ Date of Birth: ____/____/____ Sex: Male Female

Home Telephone Number: (____) _____ Work Telephone Number: (____) _____

Name of college/university in which you are currently enrolled:

Name of College City/State Dates Attended GPA Cum GPA

Have you been accepted into a program? Yes No

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What is your current degree and what job do you now hold? _____

Explain the progress you have made, to date, toward obtaining an administrative degree:

List the scores for the most recent admissions tests you have taken

MAT Scaled Score: _____ Percentage for Intended Major: _____

GRE Verbal _____ Writing _____

Subject Test _____ Score _____

Subject Test _____ Score _____

SAT Scores: Math: _____ Verbal: _____ Combined: _____

ACT Scores: English: _____ Math: _____ Reading: _____

Science Reasoning: _____ Composite: _____

- In 100 words or less, tell the committee why you are seeking administrative certification:

- Please attach an updated copy of your resume and two letters of support. One letter must be from the superintendent of the district where you are now working.
- Should you be chosen for the scholarship, we will provide you with the check for \$1,000.00 upon the presentation of a copy of the tuition receipt from the college/university where you are enrolled.

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Activities Form

Using only the space provided below, please list all extracurricular community, and personal activities in which you have participated that demonstrate your commitment to a leadership position in a public school system.

College Extracurricular Activities	Participation by Year				Position Held
	Fr.	So.	Jr.	Sr.	Identify Participant or Leadership Position

Work Experience/Activities	Dates of Employment	Title/Role

****Do not attach additional resumes, lists, etc.****

DO NOT SEND THIS INFORMATION SEPARATELY!

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Superintendent's Letter of Recommendation Form

(TO BE USED BY THE COUNTY SUPERINTENDENT IN THE COUNTY WHERE YOUR WORK)

Recommendation for: _____

To Evaluator: The above named applicant is applying for a scholarship with the West Virginia Association of School Administrators Scholarship Fund. Your recommendation is needed as part of the application process. The applicant has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. **To insure confidentiality, please return this form to the applicant in a sealed envelope with your signature across the seal.** In the space provided below, please make a statement describing the applicant's character, school and community leadership abilities, potential to succeed, and evidence of the applicant's strengths and weaknesses, not to exceed one page in length. If you are using your letterhead, be sure to include your relationship to the applicant and the length of time you have been acquainted or attach this form to the letter.

I am writing this recommendation on behalf of _____
Applicant's Name

Evaluator Name: _____ Telephone Number: (____) _____

Address: _____
Street or PO Box City State Zip

Relationship to Applicant: _____ How Long have you known applicant? _____

A recommendation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember immediate family members are not eligible to write the recommendation. A principal may substitute for the superintendent in that case; however, please note this information somewhere in your application. **We ask this Letter of Recommendation be typed or hand-printed.**

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Letter of Recommendation Form

(TO BE USED BY AN INDIVIDUAL WHO KNOWS YOUR WORK)

Recommendation for: _____

To Evaluator: The above named applicant is applying for a scholarship with the West Virginia Association of School Administrators Scholarship Fund. Your recommendation is needed as part of the application process. The applicant has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. **To insure confidentiality, please return this form to the applicant in a sealed envelope with your signature across the seal.** In the space provided below, please make a statement describing the applicant's character, school and community leadership abilities, potential to succeed, and evidence of the applicant's strengths and weaknesses, not to exceed one page in length. If you are using your letterhead, be sure to include your relationship to the applicant and the length of time you have been acquainted or attach this form to the letter.

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