**Arkansas Association of Career and Technical Education Administrators**

TO: Arkansas High School Principals and Counselors

FROM: Shantele Raper, AACTEA Scholarship Chair

SUBJECT: AACTEA Scholarship Award

The Arkansas Association of Career and Technical Education Administrators (AACTEA) is offering two AACTEA Scholarship to high school seniors to supplement education costs beginning their freshman year. The scholarship awards are $500.00 each for the first *academic year,* and will be awarded to full-time or part-time students who enroll in an Arkansas college or university, including junior colleges, community colleges, and vocational or technical colleges.

Eligibility requirements include:

1. Concentrator or Completer status on at least one Program of Study
2. Having a minimum grade point average of 3.0 on a 4.0 grading scale
3. Exhibiting a good citizenship record with no suspensions or expulsions
4. Attempted or achieved an industry certification (ex CRC, OSHA, MTA)
5. Planning to major in a demand occupation (listed on Discover Arkansas)

The AACTEA Scholarship Application is enclosed. Please make additional copies, as needed. An electronic copy of the application is available on the AAEA *website* at www.theaaea.org. Click on the menu bar at the top and then Scholarships under the “Additional Information” tab.

Please encourage eligible students to apply for this scholarship. The completed application must be received on or before April 1, 2021. Please advise students to complete and mail all items listed on the application checklist. Incomplete applications will not be reviewed. Award recipients will be notified in a timely manner.

**AACTEA Scholarship Application**

**2020-2021**

**CHECKLIST**

**Use this checklist to make sure that all required documents are**

**submitted and mailed in a timely manner so that**

**they are received on or before April 1, 2021.**

**Submit ALL of the required items in the following order.**

* Student Form 2019-20
* Administrator/Counselor Form 2019-20
* Transcript with school stamp or administrator/counselor signature
* 300-word personal essay (typed in 12-point font)
* Two letters of recommendation
  + Two letters of recommendation from administrator (principal, assistant principal), counselor, or teacher; must be on school letterhead, signed and dated

**Mail the completed application including everything on the checklist to:**

Arkansas Association of Education Administrators

Attn: Shantele Raper, AACTEA Scholarship Chair

219 South Victory

Little Rock, AR 72201

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# **AACTEA Scholarship Application**

# **STUDENT FORM 2020-21**

**PART I -- PERSONAL INFORMATION**

FIRST NAME MIDDLE NAME LAST NAME

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STREET ADDRESS CITY STATE ZIP

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PHONE EMAIL

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AGE DATE OF BIRTH GENDER (check one) PLANNED OCCUPATION OR MAJOR

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

Month/Date/Year Male Female

NAME OF HIGH SCHOOL SCHOOL PHONE NUMBER

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| --- | --- |
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SCHOOL STREET ADDRESS CITY STATE ZIP

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NAME OF PRINCIPAL NAME OF COUNSELOR

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| --- | --- |
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* Is your planned occupation or major listed as a high demand occupation on <http://www.discover.arkansas.gov/>?
  + Go to Occupations, Demand Occupations.

**PART II -- HIGH SCHOOL ACTIVITIES & COLLEGE PLANS**

LIST ALL SERVICE/ ACADEMIC ORGANIZATIONS, EXTRACURRICULAR ACTIVITIES OR INDUSTRY CERTIFICATIONS IN WHICH YOU PARTICIPATED DURING THE 11TH, AND 12TH GRADES.

|  |  |  |  |
| --- | --- | --- | --- |
| **GRADE(S)** | **ORGANIZATION/ ACTIVITY/INDUSTRY CERTIFICATION** | **ROLE OR OFFICE** | **Describe the impact on future occupation or career.** |
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LIST PARTICIPATION IN PROGRAMS OF STUDY

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| **GRADE(S)** | **POS** | **List courses you took for POS** |
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LIST THE COLLEGE/UNIVERSITY OR TECHNICAL INSTITUTION THAT YOU PLAN TO ATTEND.

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| --- | --- | --- | --- |
|  | **COLLEGE/UNIVERSITY** | **LOCATION (CITY, STATE)** | **MAJOR** |
| 1ST CHOICE |  |  |  |
| 2ND CHOICE |  |  |  |
| 3RD CHOICE |  |  |  |

**PART III -- PERSONAL ESSAY**

Write a 300 word personal essay for the scholarship committee. The essay should be typed in 12-point font. Include the following information in your essay.

* Adversity -- discuss a situation in which you faced adversity and how you overcame the adversity
* Leadership philosophy and activities -- describe your leadership philosophy and activities in which you have participated where you have implemented and/or observed your philosophy
* College plans -- share your plans for college, including specific goals
* Career goals -- discuss your post-college career goals and the impact you will make through your career in education

**PART V -- SIGNATURES**

All of the information given in this application is true and accurate to the best of my knowledge. I understand that any false information given on this application can forfeit my rights to be considered for and/or to receive this award.

SIGNATURE OF STUDENT DATE

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| --- | --- |
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SIGNATURE OF PARENT/GUARDIAN DATE

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**APPLICATIONS MUST BE MAILED IN TIME TO BE RECEIVED NO LATER THAN APRIL 1, 2021**

Mail the completed application including everything on the checklist to:

Arkansas Association of Education Administrators

Attn: Shantele Raper, AACTEA Scholarship Chair

219 South Victory

Little Rock, AR 72201

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# **AACTEA Scholarship Application**

# **ADMINISTRATOR/COUNSELOR AFFIRMATION FORM 2020-2021**

STUDENT FIRST NAME STUDENT MIDDLE NAME STUDENT LAST NAME

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| --- | --- | --- |
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NAME OF HIGH SCHOOL SCHOOL PHONE NUMBER

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NAME OF PRINCIPAL NAME OF COUNSELOR

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| --- | --- |
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WILL THE STUDENT MEET COMPLETER OR CONCENTRATOR STATUS BY JUNE 1, 2021? IF NO, PLEASE EXPLAIN.

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STUDENT’S GPA (4-point scale) STUDENT’S CLASS RANK STUDENT’S CLASS SIZE STUDENT’S ACT COMPOSITE

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| --- | --- | --- | --- |
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HAS THE STUDENT EVER BEEN BARRED, SUSPENDED, OR EXPELLED FROM A CLASS OR SCHOOL? IF YES, PLEASE EXPLAIN.

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I have reviewed the information given in this application and to the best of my knowledge it is true and accurate. I have reviewed the service activities, organizations, extracurricular activities, honors, and awards and to the best of my knowledge everything is true and accurate.

SIGNATURE OF ADMINISTRATOR/COUNSELOR TITLE DATE

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