



2021 PORTLAND ASSOCIATION OF TEACHERS

PAT FUTURE EDUCATOR OF COLOR SCHOLARSHIP APPLICATION

Criteria for Eligibility and Evaluation

TO BE ELIGIBLE for a PAT Future Educator of Color Scholarship, the applicant must:

1. Be a **Portland Public Schools** enrolled **high school senior**.
2. Be a **person of color**.
3. **Be pursuing an undergraduate degree working towards the goal of becoming a certified educator.**
3. Show a potential for successful use of the scholarship funds.
4. Present a completed application form with **two (2) Letters of Recommendation** (use attached forms or attach to the form) from two separate people:
 - one letter from a certified licensed school employee;
 - one letter from a person who is **not a school employee** or relation to you (for example: employer, youth group leader, neighbor, family friend, non-school coach, mentor, etc.)
5. Meet the following criteria:
 - A grade point average reflecting above average academic achievement;
 - Involvement in and sensitivity to community, human, social and civic issues;
 - Character traits such as responsibility, reliability and integrity;
 - Academic and vocational potential;
 - Special achievements;
 - Turn in completed application. Be sure to fill in all sections.
 - Handwritten applications will **not** be accepted.
6. For scholarship funds to be released recipients must be:
 - Registered in an approved credential or degree program in an accredited post-secondary institution; or
 - Registered as a full-time student in an accredited institution of higher learning.

DEADLINE FOR SUBMITTING COMPLETED APPLICATIONS:

APRIL 23, 2021

Submit to: PAT Scholarship Committee
345 NE 8th Avenue
Portland, OR 97232

OR

Email completed application & all attachments in **ONE EMAIL** to kelly.mckenna@oregoned.org with subject line: **PAT SCHOLARSHIP APPLICATION**

2021 PAT MEMBERS' SCHOLARSHIP APPLICATION INFORMATION CHECKLIST

Please Note:

1. Applications must be submitted on the approved 2021 PAT application forms. Incomplete applications or applications **postmarked after April 23, 2021 will not be accepted.**
2. Answer all questions. Applications must be typed. Handwritten applications will **not** be accepted. Be sure to fill in all sections.

The applicant is responsible for the following:

- Complete Application Form.
- Activity Records (school and community)
- Applicant's Statement
- Two (2) Letters of Recommendation. **Only Letters of Recommendation submitted on the enclosed forms or attached to the forms and enclosed with this application will be considered.** Letters of Recommendation accurately communicate the applicant's qualities and achievements.
 - A least one Letter of Recommendation must be from a certified/licensed school employee.
 - One letter from a person who is **not a school employee or related to you** (for example: employer, youth group leader, neighbor, family friend, non-school coach, mentor, etc.).
- OFFICIAL TRANSCRIPTS REQUIRED** – Current official transcripts must be submitted with this application.

APPLICANT INFORMATION

***Be sure to download and save this application before you begin. Your data will not save if it is entered on the browser and then saved.**

Applicant Full Name: Phone: Home Address: Birthdate: Gender Identity: Applicant's Social Security Number:
Racial Identity: Ethnic Identity: Languages spoken:
Counselor: Phone:

Will you be the first generation to attend college in your family?

What household describes your upbringing? <small>You may provide further explanation below if you would like to do so.</small>	1 parent	2 parents	Grandparent	Foster-parent	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

High School(s) Attended:	Dates of Attendance:

Where do you plan to attend college?	
Intended Major:	
Financial Aid Office Address:	
Financial Aid Office Phone:	

I HEREBY AFFIRM that I intend to enter an accredited school of higher education as a full-time student or as a candidate for an approved credential or degree program. I understand that no funds shall be transmitted until PAT receives notification from the registrar of the institution verifying my enrollment. I understand that enrollment must be completed within the current calendar year.

Date:

Signature of Applicant

SCHOOL ACTIVITY RECORD

Please complete this section with information regarding your participation in organizations within your school.

School Organizations/Activities	9	10	11	12	Position Held
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please complete this section with information regarding your participation in organizations within your school.

School Awards/Honors/Achievements	9	10	11	12
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNITY ACTIVITY RECORD

Please complete this section with information regarding your participation in organizations within your community.

Community Organizations/Activities/ Employment	9	10	11	12	Position Held
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please complete this section with information regarding your participation in organizations within your community. (Includes Sports, Arts, Community Service)

Awards/Honors/Achievements	9	10	11	12
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT STATEMENT

1. Briefly state (in 200 words or less): Why are you pursuing a career as a certified educator?

2. Briefly state (in 300 words or less): How will receiving the scholarship impact your ability to pursue a career in education? How has your racial identity impacted your opportunities? While not required, please feel free to share other factors that have affected your opportunities such as socio-economic status, immigration status, LGBTQ+ identity, etc.

LETTERS OF RECOMMENDATION

1. FROM CERTIFIED/LICENSED SCHOOL EMPLOYEE

The applicant is required to submit (1) Letter of Recommendation from a certified/licensed school employee who is familiar with the applicant's academic performance.

Cite specific examples which demonstrate the criteria listed below and add other items that may be of interest to the Scholarship Committee:

- Involvement in and sensitivity to human, social and civic issues
- Characteristics such as responsibility, reliability and integrity
- Academic and vocational potential
- Special achievements

2. FROM A PERSON OTHER THAN A SCHOOL EMPLOYEE

The applicant is required to submit (1) Letter of Recommendation from a person other than a school employee or immediate family member who is familiar with the applicant's academic performance.

Cite specific examples which demonstrate the criteria listed below and add other items that may be of interest to the Scholarship Committee:

- Involvement in and sensitivity to human, social and civic issues
- Special achievements



Important! Scholarship applicant: This is how your application is scored. Please make sure you address each of these areas *separately* in the given categories.

Score Students 1-5 – 5 being the highest score

Date:	
Applicant Full Name:	

SCHOOL ACTIVITY RECORD	SCORE
School Organization / Activities	
Awards, Honors, Achievement	
COMMUNITY ACTIVITY RECORD	SCORE
Community Organizations / Activities / Employment	
Award / Honors / Achievements	
	SCORE
APPLICANT'S STATEMENT	
SPECIAL CIRCUMSTANCES	
LETTERS OF RECOMMENDATION	
GRADE POINT AVERAGE	
TOTAL SCORE	

Total Possible Score (40)

GPA Scoring:

- 3.75 – 4.00 = 5**
- 3.50 – 3.74 = 4**
- 3.25 – 3.49 = 3**
- 3.00 – 3.24 = 2**
- Below 3.0 = 1**