**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: Susan Lee Collins, Executive Director**

**RE: Scholarship Applications**

**DATE: January 20, 2020**

**ANNOUNCING 2020 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 Thursday, June 4, 2020.**

**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**

**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 is received or postmarked by the **June 4, 2020**. Faxes will not be accepted. WVASA assumes no responsibility for procuring the information.

**Please mail or send PDF of the completed application to:**

**Dr. Sara Stankus, Superintendent Upshur County Schools**

**102 Smithfield Street**

**Buckhannon, WV 26201**

**sstankus@k12.wv.us**

**Academic Year: 2019-20 Application Deadline: June 4, 2020**

**Please mail or submit PDF to Dr. Stankus**

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

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.

**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.

|  |  |  |
| --- | --- | --- |
| CollegeExtracurricular Activities | Participation by Year | Position Held |
|  | Fr. | So. | Jr. | Sr. | Identify Participant or Leadership Position |
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| --- | --- | --- |
| Work Experience/Activities | Dates of Employment | Title/Role |
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\*\*Do not attach additional resumes, lists, etc.\*\*

**DO NOT SEND THIS INFORMATION SEPARATELY!**

**Superintendent’s Letter of Recommendation Form**

(TO BE USED BY THE COUNTY SUPERINTENDENT IN THE COUNTY WHERE YOU WORK) Recommendation for:

**To Evaluator:** The above named applicant is applying for 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. 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: ( )

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.**

**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. 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

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Evaluator Name:\_ Telephone Number: ( )

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