



TO: Seniors of Dr. Paul Kelley Volunteer Academy

FROM: Tonya Cambre, President  
Knox County Council PTA

SUBJECT: **2019 Application for the Knox County Council PTA Dr. Paul Kelley Memorial Scholarship**

Thank you for your interest in the Knox County Council PTA Scholarships. Enclosed you will find:

1. Guidelines
2. Application
3. Reference forms for:
  - a. Principal or Guidance Counselor - Once completed, this form should be returned to KCC PTA in a sealed envelope with their initials on seal.
  - b. High School Teacher - Once completed, this form should be returned to KCC PTA in a sealed envelope with their initials on seal.

I urge you to read and follow all the guidelines carefully. A transcript of your grades and documentation of special needs is also needed with the application. **Some helpful hints: write clearly, request help as needed, complete all sections, make sure all forms are signed, and return on or before the January 17, 2019 deadline.** Late or incomplete forms will be disqualified. Any and all information you submit in your application is very important. Materials will be shredded after final selections have been made.

Submit completed applications on or before the January 17, 2019 to:

Knox County Council PTA  
Attn: Scholarship Committee  
P.O. Box 31882  
Knoxville, TN 37930

This scholarship may be used for any type of study you choose and having been awarded other scholarships does not disqualify you from this scholarship. If you have any questions, please contact me at [president.kccpta@gmail.com](mailto:president.kccpta@gmail.com) or 225-588-7987. Good luck!

Sincerely,

Tonya Cambre  
President  
Knox County Council PTA



To: High School Seniors

The Knox County Council PTA will offer the Dr. Paul Kelley Memorial Scholarship to a deserving senior at the Dr. Paul Kelley Volunteer Academy seeking to further his/her education through College/University or additional training other than College/University.

**Knox County Council PTA Dr. Paul Kelley Scholarship General Guidelines:**

1. Applications are only accepted from students of the Dr. Paul Kelley Volunteer Academy.
2. All qualified applicants will be judged based upon the following criteria:
  - a. Student should need financial aid
  - b. Student should be academically qualified for college admission
  - c. Student should express a desire for the scholarship
3. Scholarships will be given to students attending an accredited school or college of their choice. The Knox County Council PTA Treasurer will forward the recipients' checks to the schools or colleges in time for registration. Money will not be given directly to students.
4. Recipients must enroll by the first semester (or quarter) of the 2019-2020 school year. Recipients failing to meet enrollment will forfeit their scholarship. The scholarship will then be awarded to an alternate.
5. One alternate will be selected; however, the names will not be released unless a chosen recipient cannot fulfill his/her duties.
6. Applicants may receive other scholarships in addition to the Knox County Council PTA scholarship.
7. Scholarship recipient and their family is invited to attend the Knox County Council PTA Student Award Banquet on Monday, February 25, 2019.
8. Applications must be returned to Knox County Council PTA no later than **January 17, 2019**. Please allow at least 5 business days for mail delivery. Applications received and postmarked after the due date will not be considered. Mail to:

Knox County Council PTA  
Attn: Scholarship Committee  
P.O. Box 31882  
Knoxville, TN 37930

If you have any questions, please contact Tonya Cambre at [president.kccpta@gmail.com](mailto:president.kccpta@gmail.com) or 225-588-7987.



**FORM 1: APPLICATION FORM  
KNOX COUNTY COUNCIL PTA SCHOLARSHIP**

**SECTION I: PERSONAL INFORMATION**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET OR POST OFFICE BOX NUMBER

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Sex: \_\_\_\_\_

**SECTION II: FAMILY INFORMATION**

Parent 1: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Other income: \_\_\_\_\_

College attended: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual income: \_\_\_\_\_ Other income: \_\_\_\_\_

College attended: \_\_\_\_\_

List siblings living in same household or in college:

Name	Age	In college?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more room is needed for additional siblings, please attach on a separate sheet of paper.

**SECTION III: STATEMENT OF NEED**

Please briefly state why you need this scholarship (attach additional documents if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION IV: GOALS**

College/University/School Preference: \_\_\_\_\_

Career Preference: \_\_\_\_\_

State the goals which you hope to attain in higher education:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Attach additional documents if necessary.

**SECTION V: EXTRACURRICULAR ACTIVITIES**

List the school, church and community activities in which you have participated in during high school. (May include sports, work, etc.)

---

---

---

---

---

---

---

---

---

---

\*Attach additional documents if necessary.

**SECTION VI: ATTACHMENTS**

**Please make sure that everything is mailed together. Reference letters should be sealed in an envelope by the person writing it and they need to initial on the seal.**

		Please Initial
1. High school transcript from school office		_____
2. Reference forms:	Principal – Form 2	_____
	High school teacher – Form 3	_____
3. Personal essay		_____

Complete and return forms on or before Monday, January 17, 2019. (Please allow at least 5 days for mail delivery). Incomplete or late applications will not be considered.

**PLEASE MAIL TO:**  
Knox County Council PTA  
Attn: Scholarship Committee  
P.O. Box 31882  
Knoxville, TN 37930

Applicant's signature: \_\_\_\_\_

Questions: please contact Tonya Cambre at [president.kccpta@gmail.com](mailto:president.kccpta@gmail.com) or 225-588-7987



**FORM 2: KNOX COUNTY COUNCIL PTA SCHOLARSHIP - REFERENCE FORM**

**This form is to be completed by the principal or guidance counselor. Once completed, please place in a sealed envelope with the principal or guidance counselor's signature across the seal. This form may be returned to KCC PTA by the student or mailed to KCC PTA Attn: Scholarship Committee, P.O. Box 31882, Knoxville, TN 37930 by January 17, 2019. Contact Tonya Cambre at [president.kccpta@gmail.com](mailto:president.kccpta@gmail.com) or 225-588-7987 with any questions.**

Student's name: \_\_\_\_\_

Name of individual completing form: \_\_\_\_\_

The student named above is applying for one of the Knox County Council PTA Scholarships. By answering these questions honestly and frankly, you will aid the scholarship committee in its decision. Any information you provide will be confidential.

**KNOWLEDGE OF STUDENT**

How well do you know the student?

Very well \_\_\_\_\_ Fairly well \_\_\_\_\_ Casually \_\_\_\_\_ Not at all \_\_\_\_\_

This reference form is being completed based on:

Personal knowledge \_\_\_\_\_ Official Records \_\_\_\_\_ Report of others \_\_\_\_\_

Have you had contact with this student outside of school? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**EVALUATION OF STUDENT**

Weighted GPA: \_\_\_\_\_ GPA: \_\_\_\_\_

Has the student taken the normal college prep courses? \_\_\_\_\_

Has the student taken any honors courses? \_\_\_\_\_ If yes, what courses? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the student show any areas of academic weakness? \_\_\_\_\_ If yes, what areas? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the student show any areas of academic strength? \_\_\_\_\_ If yes, what areas? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you consider the weaknesses major or minor? \_\_\_\_\_

Please use the back of this form for any additional comments that you would like to make about this student to help us make our decision. Thank you.

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

School: \_\_\_\_\_ Title: \_\_\_\_\_



**FORM 3: KNOX COUNTY COUNCIL PTA SCHOLARSHIP - REFERENCE FORM**

This form is to be completed by high school teacher. Once completed, please place in a sealed envelope with the teacher’s signature across the seal. This form may be returned to KCC PTA by the student or mailed to KCC PTA Attn: Scholarship Committee, P.O. Box 31882, Knoxville, TN 37930 by January 17, 2019. Contact Tonya Cambre at [president.kccpta@gmail.com](mailto:president.kccpta@gmail.com) or 225-588-7987 with any questions.

Student’s name: \_\_\_\_\_

Name of individual completing form: \_\_\_\_\_

The student named above is applying for one of the Knox County Council PTA Scholarships. By answering these questions honestly and frankly, you will aid the scholarship committee in its decision. Any information you provide will be confidential.

**KNOWLEDGE OF STUDENT**

How well do you know the student?

Very well \_\_\_\_\_ Fairly well \_\_\_\_\_ Casually \_\_\_\_\_ Not at all \_\_\_\_\_

This reference form is being completed based on:

Personal knowledge \_\_\_\_\_ Official Records \_\_\_\_\_ Report of others \_\_\_\_\_

Have you had contact with this student outside of school? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**EVALUATION OF STUDENT**

Weighted GPA: \_\_\_\_\_ GPA: \_\_\_\_\_

Has the student taken the normal college prep courses? \_\_\_\_\_

Has the student taken any honors courses? \_\_\_\_\_ If yes, what courses? \_\_\_\_\_

\_\_\_\_\_

Does the student show any areas of academic weakness? \_\_\_\_\_ If yes, what areas? \_\_\_\_\_

\_\_\_\_\_

Does the student show any areas of academic strength? \_\_\_\_\_ If yes, what areas? \_\_\_\_\_

\_\_\_\_\_

Would you consider the weaknesses major or minor? \_\_\_\_\_

Please use the back of this form for any additional comments that you would like to make about this student to help us make our decision. Thank you.

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

School: \_\_\_\_\_ Title: \_\_\_\_\_



## **FORM 4: PERSONAL ESSAY**

**On a separate sheet of paper, either type (double spaced) or neatly write your personal essay explaining why you think you are a good candidate for this scholarship. Please do not exceed one page.**