

# EAST ISLIP TEACHERS' ASSOCIATION

## EDUCATORS OF TOMORROW SCHOLARSHIP

**Who should apply for this scholarship?** Any student who is interested in pursuing a career as an educator—elementary or secondary.

**What will the committee be looking for?** We are looking for well-rounded students who are academically successful and also involved in extracurricular activities throughout the school district and/or the community.

**NAME** \_\_\_\_\_  
Last First Middle

**HOME ADDRESS:** \_\_\_\_\_  
Street Town, State Zip Code

**NAME OF SCHOOL YOU PLAN TO ATTEND:** \_\_\_\_\_

**MAJOR YOU PLAN TO DECLARE:** \_\_\_\_\_

**WHAT AREA OF EDUCATION WOULD YOU LIKE TO WORK IN?** \_\_\_\_\_

**DESCRIBE ANY PARTICULAR SITUATION OR SPECIAL CIRCUMSTANCES YOU WOULD LIKE THE SCHOLARSHIP COMMITTEE TO CONSIDER WHILE REVIEWING YOUR APPLICATION.** \_\_\_\_\_

### PLEASE ATTACH THE FOLLOWING:

- An official transcript and SAT/ACT Scores
- Your activity sheet
- The required essay

**ESSAY REQUIREMENT:**

- (A) Please attach a 200-300 word typed essay explaining why you have decided to pursue a career as an educator. Please include two meaningful aspects of your education at East Islip that influenced your decision. One should be an elementary experience (Grades K-6) and the other a secondary experience (Grades 7-12)
- (B) Please name three East Islip School District teachers whom you feel have been influential in your selecting a career in education. You may select a classroom teacher, special area teachers (music, art, etc.), elective teacher, guidance counselor, social worker, librarian, psychologist, etc.

**ELEMENTARY SCHOOL:**

Teacher's name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

**MIDDLE SCHOOL:**

Teacher's name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

**HIGH SCHOOL:**

Teacher's name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

I give permission for my child's photo and name to be published.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Parent's Signature

Please return this completed application to the Guidance Office by the due date.

**SCHOLARSHIP AMOUNT: \$500.00**