

## CHARLOTTE COUNTY RETIRED TEACHERS SCHOLARSHIP GUIDELINES

1. Applicant must be a senior/graduate of Randolph-Henry High School..
2. Applicant must be pursuing a degree leading to a career in elementary/secondary education.
3. Late or incomplete applications will not be accepted.
4. Scholarship money will not be held for the student. Money should be used the school year awarded.
5. Scholarship money will be sent to the college once evidence of enrollment has been sent to CCRTA Treasurer.
6. Scholarship will be \$1000.
7. Recipient may only receive this scholarship one time.
8. Scholarship application will be scored from one to one hundred to determine recipient. See application for possible score for each section.

CHARLOTTE COUNTY RETIRED TEACHERS  
EDUCATION SCHOLARSHIP APPLICATION

A. PERSONAL INFORMATION

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

B. EDUCATIONAL INFORMATION

DATE OF GRADUATION FROM RANDOLPH-HENRY \_\_\_\_\_

TRANSCRIPT / SIGNATURE OF ADVISOR FROM HIGH SCHOOL OR  
COLLEGE \_\_\_\_\_

HIGH SCHOOL GPA AND CLASS RANK ( up to 20 points)

\_\_\_\_\_ COLLEGE GPA (IF APPLICABLE) \_\_\_\_\_

COLLEGE ATTENDING/COLLEGE ACCEPTED \_\_\_\_\_.

C. LEADERSHIP EXPERIENCES: LIST COMMUNITY SERVICE,  
VOLUNTEER WORK, MEMBERSHIPS IN CLUBS AND  
ORGANIZATIONS. LIST OFFICE , POSITION OR RANK HELD IN  
EACH. (5 points each, for a total of 20 points)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

D. ACTIVITIES INFORMATION: LIST ACTIVITIES IN WHICH YOU ENGAGE SUCH AS MUSIC, PLAYS, CHEERLEADING, CONTESTS, SPORTS, ETC. LIST AWARDS RECEIVED. ( 5 points each)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

E. REFERENCES: ATTACH TWO REFERENCES. THESE PEOPLE MUST BE SOMEONE OTHER THAN YOUR FAMILY. ( make sure letters are signed, 5 points each)

F. ESSAY: PLEASE ATTACH A ESSAY OF NO MORE THAN 300 WORDS. TOPIC IS “WHY I WANT TO ENTER THE TEACHING PROFESSION”. ( up to 25 points)

G. SIGNATURES:

I HEREBY STATE THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT’S PRINTED NAME \_\_\_\_\_

APPLICANT’S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT'S SIGNATURE (IF UNDER 18) \_\_\_\_\_

APPLICATIONS MUST BE POSTMARKED OR TURNED INTO  
GUIDANCE NO LATER THAN APRIL 15, 2022

RETURN TO RHHS GUIDANCE COUNSELOR OR  
MAIL TO:

KENNY HOWARD  
PO BOX 501  
KEYSVILLE VA 23947