

## 2024-2025 Land of Enchantment PTA Student Scholarship



#### Sponsored by Mountain America Credit Union

#### **Background**

Chartered in 1915, the Mission of New Mexico PTA is to make every child's potential a reality by engaging and empowering families and communities to advocate for all children.

#### **Scholarship Intent**

The New Mexico Land of Enchantment PTA Student Scholarship is to be awarded to a PTA/PTSA member and graduating senior from a New Mexico high school on the basis of:

- A history of advocating for others in their current school or in their community
- A demonstration of personal qualities, such as perseverance, initiative, and a willingness to work hard
- The potential to be a well-respected representative of their home high school at their post-secondary institution

#### **Eligibility**

- Must be a graduating senior and a member (or child of a member) of a PTA/PTSA (local or Land of Enchantment PTA) from a New Mexico high school that is in compliance with the NMPTA Standards of Affiliation. Check with your PTA/PTSA leadership for confirmation.
- Must graduate from a high school within the scholarship year (July 1 to June 30)
- Must be enrolled in a post-secondary institution within two semesters after high school graduation

#### **Scholarship Amount**

This one-time, non-renewable scholarship is funded through the Land of Enchantment affiliate of the New Mexico PTA in the amount of **\$500**. Each scholarship recipient will be notified by email and will be recognized with a certificate and short biography in the New Mexico PTA Year-End Awards Video. Announcement will be made by May 1, 2025. The scholarship check will be written directly to the recipient.

#### **Application Process**

Applications may be obtained on the NMPTA website, <u>www.newmexicopta.org</u>. All applicants are required to provide the following with their application:

- o Proof of seven (7) semesters verified by a copy of your official high school transcript or GED equivalent;
- Two (2) recommendations from non-family members, who are familiar with you and your achievements (use provided form);
- One essay, not to exceed one double-spaced typed page (1" margins, 12 pt Arial), describing how you
  have advocated for others at your school or in your community.

#### **Application Deadline**

Complete application packets must be emailed or mailed with a postmark dated on or before March 15, 2025.

#### **Review Process**

Late, incomplete or incorrect application packets will not be considered. Applications will be reviewed and considered based on the items outlined in the Scholarship Intent section above. Use only ONE (1) staple, and submit packets in the order listed on the application form.

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#### APPLICATION FORM

| Name: MI: Last Name:  |
|---|
| g Address:  |
| e: Email:   |
| School Name:  |
| ess:  |
| e: Website:   |
| Required Items:  PTA/PTSA Member (student or parent) Yes No (circle one)  PTA/PTSA Name  PTA/PTSA in Compliance with NMPTA Standards of Affiliation Yes No (circle one) |
| Proof of completion of seven (7) semesters by official high school transcript  Two (2) signed recommendation forms  |
| One essay describing your efforts to advocate for others in your school or community How will the award be used?  |
|   |

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Land of Enchantment PTA PO Box 14706 Albuquerque, NM 87191 nmpta@newmexicopta.org

#### **National PTA Standards for Family-School Partnerships**

- Welcome All Families
- Communicate Effectively
- Support Student Success
- Speak Up for Every Child
- Share Power
- Collaborate With Community

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## Student Scholarship

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#### RECOMMENDATION FORM

| Name of Applicant:    |                |  |
|-----------------------|----------------|--|
| Name of Basammandar   |                |  |
|                       |                |  |
|                       |                |  |
|                       | :              |  |
| Recommender Signature | :              |  |
| Why do you recommend  | the applicant? |  |
| ,                     |                |  |
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To the Recommender: Please email or mail this completed form to the address below by March 15, 2025.



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#### RECOMMENDATION FORM

| Name of Applicant:                            |            |  |  |  |  |  |
|---|------------|--|--|--|--|--|
| Name of December down                         |            |  |  |  |  |  |
| Name of Recommender:                          |            |  |  |  |  |  |
| Phone:  |            |  |  |  |  |  |
| Number of Years You Have Known the Applicant: |            |  |  |  |  |  |
| Relationship to Applicant:                    |            |  |  |  |  |  |
|   |            |  |  |  |  |  |
| Recommender Signature: _                      |            |  |  |  |  |  |
| Why do you recommend the                      | applicant? |  |  |  |  |  |
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