

PITT COUNTY UNIT RETIRED SCHOOL PERSONNEL ANNUAL SCHOLARSHIP

MISSION STATEMENT

To provide financial assistance to an undergraduate or a graduate student who is pursuing, completing, or upgrading his/her degree in Teacher Education or Teacher Certification Program.

ELIGIBILITY REQUIREMENTS

1. An applicant must be presently enrolled as a junior or first semester senior. If a qualified junior or first semester senior does not apply; other applicants who are enrolled in the Teacher Certification Program (graduate student or lateral entry person) may be considered.
2. North Carolina area students are encouraged to apply.
3. Applicants must be in good academic standing with a GPA of 2.5 or greater.
4. School and Community involvement will be considered.
5. Financial need will be of strong consideration.
6. Scholarship Award, if applicant is eligible, will be mailed directly to college/university.

APPLICATION REQUIREMENTS

1. Complete attached form
2. Grade Documentation verified by the Education Department Chairman
3. Letter of character reference
4. Mailed by February 23rd to:

Barbara S. Johnson, Chairperson
P.C.R.S.P. Scholarship Committee
2602 Cherokee Drive
Greenville, North Carolina 27834

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Scholarship Application

Date of Application _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Contact Numbers () _____ (home) () _____ (mobile) () _____ (other)

Marital Status (circle one): Single Married Divorced Widow Widower

Number of Children in Family: _____

Classification (circle one): Junior Uprising Senior Current GPA _____

Name College/University or Graduate School that you are presently attending

Address _____

Major/Area of Concentration _____

Anticipated Date of Graduation _____ Degree pursuing _____

Graduate School (Lateral Entry applicant) _____

Address _____

Present Degree _____

Name of Degree (if different from previous degree) _____

List school and community involvements:

Reason for entering the Teaching Profession:

Reasons for Financial Assistance: _____

(Continue on back if needed)

** Attach a copy of Transcript

Signature of Applicant

Signature of Department Chair