



2021 PDK JIM FRAZIER MEMORIAL SCHOLARSHIP

The following must be included with your application:

- Completed application
- A copy of your academic transcript
- A reference letter (See Part 3)

The complete application packet must be mailed or delivered by the Deadline of Thursday, April 1, 2021 at 4:00pm to Foundation office at 1239 NW 4th St. Ocala, FL 34475

Failure to follow all of these requirements will result in your not being considered for a scholarship.

PART 1

Student's Name: _____ Last 4 of Social Security #: _____

Address with zip code: _____

Personal Email (Do Not Use your MCPS Student Email) _____

Telephone: _____ Birth date: _____

High School: _____

Unweighted GPA _____ Class Size _____ Class Rank _____

Once I earn my teaching certificate, I would like to teach the following students. Check only one:

Preschool/Early Childhood/Prekindergarten students

Elementary Students

Middle School Students

High School Students

College Students

PART 2

Educational Activities

List activities where you have worked with others in a teaching or learning capacity. Include any education-focused clubs or organizations you belong to. You can attach a separate sheet with your response.

Leadership Activities

List activities where you have served as a leader. Include any offices you have held in clubs or organizations. These activities could be both in school and outside of school. You can attach a separate sheet with your response.

Service Activities

List activities where you have participated in service projects. These activities could be both in school and outside of school. You can attach a separate sheet with your response.

Other Activities

List employment and other significant extracurricular activities not mentioned above. You can attach a separate sheet with your response.

PART 3

Reference

List the person you have asked to provide your letter of reference. The letter must be from a person familiar with your academic abilities and school activities, and should address your interest in teaching and the qualities that will make you a successful educator. List the name, title, and telephone number or email address. Attach the letter of reference to this application form and make sure that your name is in the upper right corner.

Name _____

Title _____

Email address or phone number _____

PART 4

Goals Statement

You have decided as a goal that you want to become a teacher. Please share your vision as to what that means to you and how you see yourself accomplishing this goal (about 100 words or less).

Submit your completed application by **Thursday, April 1, 2021 at 4:00p.m. To:**

***Public Education Foundation of Marion Co., Inc.
Thelma Parker Center, 1239 NW 4th St. Ocala, FL 34475
671-4167***