



Association of Placentia-Linda Educators

1250 N. Lakeview Ave., Suite A ~ Anaheim, CA 92807 ~ (714) 970-3700 ~ Website www.aple.org

Scholarship Application

ELIGIBILITY CRITERIA AND EVALUATION

1. Applicants must present a completed application with the following recommendation forms:
 - A. One form must be from a **PYLUSD teacher** who is familiar with the applicant's involvement and participation in school activities.
 - B. One form must be from **your community service supervisor**, *NOT anybody at your school*, who was directly involved with the applicant's community service hours.
2. Applicants must meet the following criteria:
 - A. Graduating senior from a PYLUSD high school
 - B. Unweighted academic GPA of 3.0
 - C. Demonstrate involvement in and sensitivity to human, social, and civic issues
 - D. Demonstrate upstanding character such as responsibility, reliability, and integrity
 - E. Involvement in school and community activities
 - F. Interest in a career involving some type of public service
3. Scholarship recipients must register in an accredited Institution of higher learning, and bring a letter of acceptance to APLE office to receive funds.

INFORMATION CHECKLIST

1. Applications must be submitted on the official APLE application form. Incomplete applications or applications received later than Friday, April 12, 2024 will not be considered.
2. Answer **all** questions and complete all blanks in **typed form** or in **clearly printed ink**.
3. Use N/A (not applicable) where questions do not apply.
4. The applicant is also responsible for the following:
 - ☐ **Two recommendations mailed separately** from the "A" and "B" person to APLE office.
 - A. PYLUSD certificated **teacher**.
 - B. Your **community service supervisor** where the applicant's community service was done. This should be somebody off campus, *NOT from your school*.
 - C. Applicants are advised to carefully select those people who will complete the forms. Provide the person with the form and a stamped and addressed envelope to the APLE office.
 - ☐ **Official transcript** must be mailed separately **from your counselor or Parchment**.
 - ☐ Interview – Applicants may be required to complete an interview the week of April 29, 2024.

PLEASE RETURN ALL COMPLETED FORMS TO:

Association of Placentia-Linda Educators
1250 N. Lakeview Ave., Suite A
Anaheim, CA 92807

DUE Friday, April 12, 2024



Association of Placentia-Linda Educators Scholarship Application

Name _____ Current HS _____

Address _____

City _____ Zip Code _____

Email _____ Phone () _____

General Information

Father's Name _____ Mother's Name _____

Date of Birth ____/____/____ Number of Siblings _____ Number attending/attended college _____

Personal Reference Forms

List the name, phone number, & email address of those to whom you gave your reference forms:

A. **Certificated Teacher Name** _____ **Job Title** _____

Phone _____ Email _____

B. **Community Service Supervisor** _____ **Job Title** _____

Phone _____ Email _____

Education

What is your High School GPA (excluding this present semester)? _____

Are you taking any advanced placement (AP) classes? YES / NO Please list AP classes here:

List 2- or 4-year colleges that you have applied or intend to apply to by Fall of 2024:

_____ Accepted? YES / NO

_____ Accepted? YES / NO

_____ Accepted? YES / NO

What will be your college major? _____

What are you considering for your career? _____

School and Community Activities

List all school activities and offices held:

List awards you have received:

List non-school activities to which you have devoted considerable time:

Please comment, in detail, as to why you are IN NEED of this scholarship (*use space on back if needed*):

I hereby grant permission for use of my name and/or photo for use in APLE communications.

Signature of applicant _____ Date _____

Applicant Statement

Please state in **200 words or less** why you should be considered the best candidate for an APLE Scholarship. **Please print clearly or attach a typed document.**

Statement of Intent

I HEREBY AFFIRM that I intend to enter a 2-year or 4-year accredited institution of higher education as a full time student.

Signature of applicant _____ Date _____

APLE Scholarship Reference Form

To be filled out by a **certificated teacher** at school site THEN mail to APLE office.

NAME OF STUDENT _____ SCHOOL _____

Please rate the applicant on the traits below using the following scale:

5 – excellent; outstanding

4 – very good; positive; consistent

3 – average; good

2 – fair; lukewarm

1 – poor; definitely negative

N/A – no basis for evaluating this trait

Dependability	
Resourcefulness	
Initiative	
Positivity	
Ability to delegate	
Leadership	
Conscientiousness	
Courage	
Sense of duty	
Sense of justice	
Ability to set priorities	
Morality and ethics	
Honesty and reliability	
Courtesy	
Respect for others	
Amenable to suggestions for improvement	
Kindness	
Possesses Strong Integrity	

In what capacity have you known this student?

NO LETTERS ACCEPTED

In a brief statement, explain why you believe this applicant deserves to receive the APLE Scholarship Award

Print Name _____ Signature _____ Date ____/____/____

Please send to the APLE office in the student provided stamped and addressed envelope. All reference submissions must **ARRIVE** at the APLE office **NO LATER** than **April 12, 2024**.

APLE Scholarship Reference Form

*To be filled out by your **community service supervisor**, where CS hours completed.
(This should NOT be anybody from your school site.) THEN mail to APLE office*

NAME OF STUDENT _____ SCHOOL _____

Please rate the applicant on the traits below using the following scale:

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