

Scholarship Application

ELIGIBILITY CRITERIA AND EVALUATION

1. Applicants must present a completed application. <apple.org>
2. The recommendation forms must be submitted **directly to APLE** via mail or email. <apple.org>
 - A. One from a **PYLUSD teacher** who is familiar with the applicant's involvement and participation in school activities.
 - B. One from **your community service supervisor**, *NOT anybody at your school*, who was directly involved with the applicant's community service hours.
3. 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
4. Scholarship recipients must register in an accredited Institution of higher learning, and bring/mail a letter of acceptance to APLE office to receive funds.

INFORMATION CHECKLIST

1. **Applications** must be submitted on the official APLE application form. Applications must be received, postmarked, or dropped off at APLE office by Friday, April 10, 2026 (if dropped through the mail slot through April 12th, they will be accepted).
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 **emailed 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 should carefully select these people. Provide them with the link to **apple.org** – then it should be sent to the APLE office OR they can email directly to mhawley.pylusd@gmail.com
 - Official transcript** must be **mailed separately from your counselor or Parchment**.
 - Interview – Applicants may be required to complete an interview the week of April 27, 2026.
5. Questions? Contact Ms. Hawley – mhawley.pylusd@gmail.com

PLEASE RETURN ALL COMPLETED FORMS TO:

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

DUE Friday, April 10, 2026



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 that will complete 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 _____