

The Dottie Martin Teachers Scholarship

Joyce E. Glass, Chairman

Dottie Salerno, Secretary

Valerie White, President

Andrea Kepple, Vice Chairman

Honorary Directory, Margaret King

Martha Jenkins, Immediate Past President

The North Carolina Federation of Republican Women established the Dottie Martin Teachers Scholarship Fund in 1991 in honor of First Lady Dottie Martin's work and dedication to the families and youth of North Carolina.

This annual scholarship of \$500.00 is designed for a man or a woman presently enrolled and studying the field of education. Its purpose is to attract teachers who are motivated to cultivate in our young people a true love of learning. Our objective is to assist aspiring teachers who are particularly interested in child guidance and counseling and who want to make a difference in the lives of North Carolina's children. Those presently enrolled in education programs can be considered for the scholarship after approval of that program by the Board of Directors of The Dottie Martin Teachers Scholarship Fund. Recent high school graduates are not eligible to apply for the scholarship. The applicant must be well-advanced in programs of Education with an established career plan for teaching.

A completed application must include the following:

- ◆ Background history forms, Sections A-G fully completed
- ◆ Three (3) letters of recommendation including telephone number of authors
- ◆ Most recent copy of college or university transcript
- ◆ A typed essay which includes:
 1. Reasons for applying
 2. Career goals
 3. Teaching plans in North Carolina once education is completed
 4. Reasons why you think you should receive the Dottie Martin Teachers Scholarship
 5. How much of a financial burden would you incur without the scholarship
 6. Provide information as it relates to your personal values, desires and ambitions

Only completed applications will be considered

Scholarships will be awarded in early August; all applicants will be notified. Recipients will be required to write a letter of acceptance within 10 days after receiving the award and provide a transcript of grades for the period during which the scholarship is used.

Applications must be mailed to: Joyce Glass, 449 Meadows Edge Court, Clemmons, NC 27012

No later than June 1

Awards made in early August

For further information, please call: (336) 766-0067

The Dottie Martin Teachers Scholarship Application

Section A Personal Information

Name: _____
First Middle Last

Address: _____

City State Zip

Address during the academic year (if different from above):

Address: _____

City State Zip

Area Code Telephone _____ Email _____

Section B High School Information

High School

City State Zip

Date of Graduation: _____

Course of Study: _____

Grade Point Average: _____ Scale: A=? _____

Activities and Achievements:

Section C
Undergraduate Study

College or University

City

State

Zip

Major: _____ Minor: _____

(Expected) Date of Graduation: _____

Grade Point Average: _____ Scale: A=? _____

Activities and Achievements:

Section D
Graduate Study

Complete only if you are currently enrolled in a post graduate program

College or University

City

State

Zip

Concentration: _____

(Expected) Date of Graduation: _____

Grade Point Average: _____ Scale: A=? _____

Activities and Achievements:

Section E
Civic Activities, Political Activities, Interests and Hobbies

**Section F
Employment History**

Begin with most recent employment and work backwards chronologically.

Employer #1

Street Address	City	State	Zip
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Supervisor	(Area Code) Telephone
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Job Title	Dates of Employment
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Employer #2

Street Address	City	State	Zip
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Supervisor	(Area Code) Telephone
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Job Title	Dates of Employment
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Employer #3

Street Address	City	State	Zip
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Supervisor	(Area Code) Telephone
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Job Title	Dates of Employment
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Use a blank sheet if more space is necessary

Section G
Financial Background

Annual Income

Other Financial Assistance

Estimated Tuition Cost for **This** Academic Year

Area Code, Telephone Number of College or University for verification

Additional Comments:

I verify that the information in this application is true and accurate, to the best of my knowledge.

Signature

Date