

Lucy A. Valero

Memorial Scholarship

Administered by the PSEA Scholarship Trust

As part of the PSEA Scholarship Trust, this scholarship is awarded to one or more outstanding students each year who are enrolled in an accredited teacher preparation program in the Commonwealth of Pennsylvania. It was established by the many friends of Lucy A. Valero in recognition of her dedicated service to education through her teaching and her years of service to the Pennsylvania State Education Association.

Eligibility and Criteria

1. Candidates must complete and submit the standard application form, including a copy of transcripts, by February 15 of the year the award is granted.
2. Candidates for the award must meet all eligibility requirements as outlined in the PSEA Scholarship Trust Guidelines. These requirements include:
 - A. Membership in good standing of the Student Pennsylvania State Education Association (SPSEA), verified by signature of official advisor on the application form.
 - B. Enrollment in an approved undergraduate program of teacher education at an accredited institution of higher education in the Commonwealth of Pennsylvania.
 - C. A high degree of academic proficiency as evidenced by grades and verified by official school/college transcripts.
Official transcripts must accompany this form for the application to be deemed complete.

Timeline

1. Application forms are available on the PSEA website – www.psea.org/students.
2. Applications must be postmarked no later than February 15 of each year.
3. Awards will be announced at the annual convention of the Student Pennsylvania State Education Association each year.

Scholarship Award

1. The number and amount of awards shall be determined by the trustees of the fund in accordance with the trust document and the PSEA Scholarship Trust Guidelines. The total amount awarded need not be divided equally among the recipients.
2. Award(s) will be made from among applicants who have met all the qualifications.
3. Decisions of the trustees shall be final.
4. The trustees shall send the scholarship award directly to the college or university in which the recipient is enrolled.
5. Recipients must be enrolled in a teacher preparation program for the fall semester following the awarding of the scholarship.
6. The award shall be considered a one-time grant, but applicants may apply in subsequent years.

Questions?

Student PSEA Programs Coordinator
400 North Third Street • PO Box 1724
Harrisburg, PA 17105-1724
1.800.944.7732 • 717.255.7000
students@psea.org



Student PSEA Members



Lucy A. Valero

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Lucy A. Valero

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Name _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail _____

Date of Birth _____

Secondary School _____

Address _____

City _____ State _____ Zip _____

Date of Graduation _____

College or University _____

Area of Certificate _____ Class of _____

Address _____

City _____ State _____ Zip _____

Advisor Name _____

Advisor Phone No. _____ E-mail _____

In essay format, respond to each of the following questions on a separate sheet and submit with this application.

- Describe how you have contributed and will continue to contribute to your college or university community. Be sure to include your contributions to Student PSEA on your campus, in your region, and at the state level, and to identify any elected positions held or awards received for school or community involvement.
- Explain your vision for education. Be sure to include why you want to become an educator, how you will improve education for Pennsylvania's students, and the experiences that have shaped and will shape your vision (e.g. courses, Student PSEA, other organizations, etc.).

Certification

I hereby certify:

- I am a member in good standing of the Student Pennsylvania State Education Association.
- I have accurately responded to all of the requests for information of this application.
- I will be enrolled in a teacher preparation program in the fall semester following the awarding of the scholarship.
- I have provided **my official college transcripts** to be used in consideration of my application.

Student Signature Date

I hereby certify that that above-named applicant is a member of the local Student PSEA Chapter which I advise, and to the best of my knowledge, the information contained herein is accurate.

Advisor Signature

RETURN TO:

PSEA Student Programs Coordinator
400 North Third Street • PO Box 1724
Harrisburg, PA 17105-1724

