

# Illinois Principals Association Egyptian Region

## SCHOLARSHIP APPLICATION

Dear Applicant,

The Egyptian Region of the Illinois Principals Association is committed to growing the teaching profession and offering a scholarship to high school seniors interested in becoming teachers. The scholarship, valued at \$500, will be awarded at the student recognition breakfast in early March of 2024. Interested applicants need to complete the following checklist and send materials to:

IPA Scholarship  
c/o Natalie, M. Page  
4626 State Highway 154  
Sesser, IL 62884

Required Items:

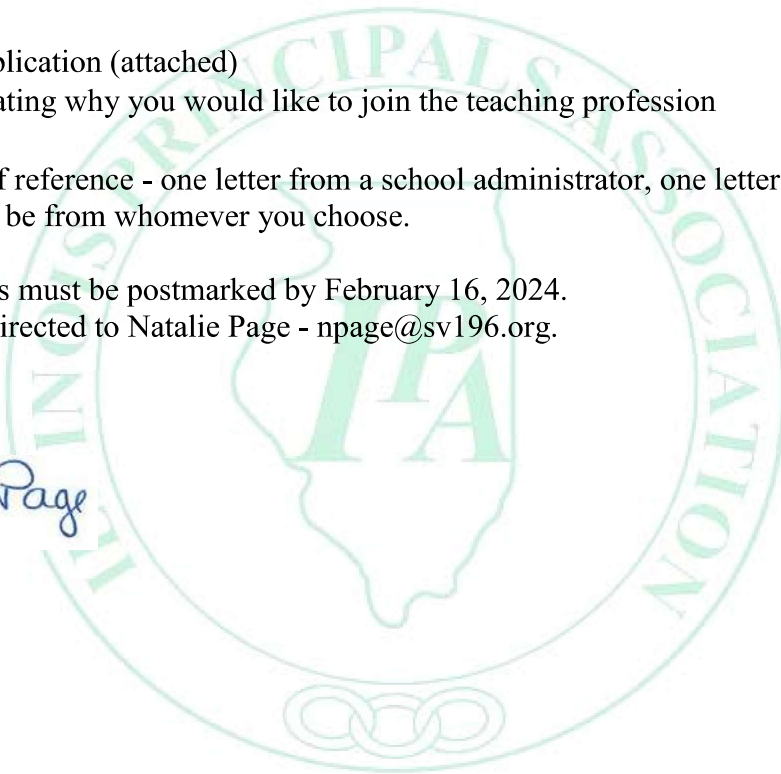
- Completed application (attached)
- Cover letter stating why you would like to join the teaching profession
- Transcripts
- Three letters of reference - one letter from a school administrator, one letter from a teacher and the third letter can be from whomever you choose.

All application packets must be postmarked by February 16, 2024.  
All questions can be directed to Natalie Page - [npage@sv196.org](mailto:npage@sv196.org).

Respectfully,



Natalie M. Page  
Region Director



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You must either type or print neatly in ink all your answers. Application response must be mailed to **IPA Scholarship, c/o Natalie Page, 4626 State Highway 154, Sesser, IL 62884. Scholarship application, cover letter, transcripts and letters of recommendation must be postmarked by 2/16/2024 to the above address.**

1. Name \_\_\_\_\_, \_\_\_\_\_ M.I.  
Last First

Permanent mailing address

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
E-mail

Phone \_\_\_\_\_

2. High school or college GPA: \_\_\_\_\_ (4.0 requirement on a 5.0 scale, 3.0 on a 4.0 scale)

3. Please list your top three colleges or universities you will be applying to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. This scholarship is aimed at those interested in the teaching profession.  
What teaching areas are you interested in?

\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_