

Ida B. Wells High School PTA Scholarship 2022-2023

1151 SW Vermont Street Portland, OR 97219

idabwellspta@gmail.com

Deadline: April 7, 2023

General Information

The PTA will award two graduating Ida B. Wells Seniors each a \$1,000 scholarship to be used to help with the cost of their post-secondary education. This may include advanced study at a variety of educational institutions such as universities, colleges, seminaries, institutes of technology, trade schools, and career colleges. **The deadline is April 7, 2023. A complete application packet must be delivered to the school office or submitted via email no later than 3:30pm on that date to be considered for this scholarship.** Packets should be placed in the PTA mailbox in a sealed envelope addressed to the IBW PTA Scholarship Committee or emailed to Idabwellspta@gmail.com If this deadline is not met and/or not ALL submission requirements are included, the student's application will not be considered. Please keep copies of your submission for your records.

Requirements

1. Complete the application form.
2. Be a current member of the Ida B. Wells High School Senior Class during the 2022-23 school year.
3. Write a personal essay - one to two pages typed- on this topic: Ida B. Wells-Barnett was a guardian of democracy and social justice in her time. What are you a guardian of now or hope to be a guardian of in the future, why is this important to you, and in what way do your continuing education plans help with this? This can be an ideal such as protecting the environment; an actual job such as being responsible for someone's or something's care; or a sense of duty such as preserving a family tradition.
4. Two letters of recommendation including the attached Letter of Recommendation Cover Sheets. (Please fill out the top portion of each cover sheet.) One recommendation must be from a current IBW teacher, counselor or other staff member. The other can be from anyone of your choosing, so long as they tell us about you and why they think you should win this scholarship. To ensure confidentiality, letters of recommendation must be sealed in an envelope and signed by the letter- writer across the seal or emailed directly to: Idabwellspta@gmail.com

The recipients of this scholarship will be announced at the Senior Awards Assembly. Please email the PTA Scholarship Committee with any questions you may have about the application or scholarship: Idabwellspta@gmail.com

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Application Form

Name: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Name of post-secondary school to which you are planning to attend:

What is your anticipated Major or career goal?

By signing this application, you are confirming that you are a current senior at Ida B. Wells High School in Portland, Oregon during the 202-2023 school year. Attached to this application form are your “Guardian” essay, and two Letters of Recommendation with Recommendation Cover Sheets.

Signature

Date

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1- Letter of Recommendation Cover Sheet

This portion to be filled out by the applicant.

Name of Applicant: _____

Phone: _____ E-mail: _____

This portion to be completed by an IBW teacher, counselor, or staff person and attached to the letter.

Name _____

Position at IBW _____

Phone _____ E-mail _____

Signature _____ Date _____

Letter of Support

Please respond to the items below on a separate page. We would appreciate your detailed and candid profile of this applicant. Feel free to share additional information that you feel will help us get to know the applicant better. Here are some ideas to get you started:

- 1) In what capacity do you know this student? For how long?
- 2) What three words best describe this student?
- 3) From your observation, what motivates this student?
- 4) What are the star qualities that we should know about this student?
- 5) Where do you see this student in 5 years?

Please return this page along with your completed letter in a sealed envelope, with your signature across the seal, to the applicant. Thank you.

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Letter of Recommendation Cover Sheet #2

This portion to be filled out by the applicant.

Name of Applicant: _____

Phone: _____ E-mail: _____

This portion to be completed by any person you choose to recommend you for this scholarship and attached to their letter.

Name _____

Relationship to Applicant _____

Phone _____ E-mail _____

Signature _____ Date _____

Letter of Support

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