Michigan PTA
Fran Anderson Scholarship Application
Deadline: April 15, 2020

Name: ____________________________________________________________________________________

Address: __________________________________________________________________________________

Phone: ___________________ E-Mail: ___________________________________________________________

Name of High School: ________________________________________________________________________

To which PTA/PTSA do you belong? __________________________________________________________________________________

Overall high school grade point average by the first semester of senior year: ______________________

Please list the activities in which you have been involved from each area listed below.

PTA/PTSA: ________________________________________________________________________________

School: ___________________________________________________________________________________

__________________________________________________________________________________________

Community: _______________________________________________________________________________

__________________________________________________________________________________________

Michigan colleges/vocational institutions attending/applied to: _____________________________________

__________________________________________________________________________________________

Probable Major(s): __________________________________________________________________________

Applicants must attach the following items to this application: 
• High School transcript
• Two (2) letters of recommendation – (1) from teacher, counselor, coach, or community service advisor and (1) from PTA/PTSA Leader (Local Unit of Council Board Member)
• One page essay, themed upon how the skills gained from your PTA/PTSA involvement will affect your future

__________________________________________________________________________________________

Student’s Signature Date

__________________________________________________________________________________________

PTA/PTSA President’s Signature* Date

*PTA/PTSA Presidents must confirm that their PTA/PTSA is in good standing BEFORE submitting.

Mail Completed Application to:
Michigan PTA – Scholarship Committee
P.O. Box 510535, Livonia, Michigan 48151