



Texas Educational Support Staff Association, Inc.

**Application for Scholarship
Dr. Michael Zolkoski Technology Scholarship**

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Place of Employment: _____

TESA Member: Yes No Membership Number: _____

NAEOP Member: Yes No Membership Number: _____

Attach additional sheets if needed:

Reason for requesting scholarship: _____

Applicant's Background: _____

Name of class: _____ Cost: _____

Description of class: _____

Applicant Signature

Date

Application Deadline: February 25th

Return to:
Scholarship Chairman
TESA Central Office
P. O. Box 1565
Austin, TX 78767