

Texas Educational Support Staff Association, Inc.



**Lorene Roby Rogers Scholarship
Application**

Application Deadline: February 25

Return to:

**Scholarship Chairman
TESA Central Office
P.O. Box 1565
Austin, TX 78767-1565**

Texas Educational Support Staff Association, Inc.

LORENE ROBY ROGERS SCHOLARSHIP GUIDELINES

The Texas Educational Support Staff Association after her death December 31, 1969 established a memorial fund to Mrs. Lorene Roby Rogers, as contributions were received in her memory by our organization. The general assembly of our state association voted in May 1970 to establish a permanent fund to be named the Lorene Roby Rogers Memorial Scholarship Fund for an educational secretary to continue her education.

Lorene was an example of continuous professional growth by her study, research, and service to educational conferences and professional associations. It is the desire of our state association to perpetuate Lorene's memory through this scholarship fund by helping develop another educational secretary who may serve the field of education with similar zeal and conviction.

The following regulations shall apply to the Scholarship:

Requests are made to the scholarship committee for review. This committee will present those applications deemed qualified for receipt of scholarships to the Executive Board at the Spring Board meeting. The scholarships shall be made for one year only (August 1 through July 31 of the coming fiscal year), but the applicant may reapply the following year if warranted and/or desired, when approved by the Executive Board. The amount of such scholarship shall be left to the discretion of the board, but shall not exceed \$400 in any fiscal year.

All scholarships are to cover directly administered school expenses only. Checks will be issued to the recipient upon presentation of paid receipts of school-administered expenses. The scholarship shall be limited to \$400 for any individual.

If funds are available, several scholarships at a time may be made. The total amount of the scholarship to be used annually is not to exceed 50 percent of funds available as of March 1 of each fiscal year.

The applicant must be an active TESA member, of good character, seeking to further formal education either by full-time attendance at a college or business college or by part-time attendance while continuing work as an educational paraprofessional. An applicant must secure and submit to the committee all available information including background, financial need, type of courses for which funds are needed, and other pertinent facts. The applicant must be a member of TESA at the time of the original application.

Application forms for the scholarship are available from the TESA Central Office. Application must be completed and postmarked by February 25.

To qualify, applicant must:

1. Complete the required application and provide:
 - a. Official college transcript
 - b. Letters (3) of Reference
2. Application Forms must be keyboard generated. No handwritten applications accepted.

NOTE: FAILURE TO SUBMIT ALL REQUESTED INFORMATION AND TO FOLLOW ALL GUIDELINES WILL RESULT IN DISQUALIFICATION.
NO EXCEPTIONS WILL BE MADE.

MAIL COMPLETED APPLICATION FORM TO:
SCHOLARSHIP CHAIRMAN
TESA CENTRAL OFFICE
PO BOX 1565
AUSTIN, TX

Note:

After a recipient has completed the course of study, a contribution to the perpetuation of the fund is encouraged but is in no way to be construed to be an obligation. It shall be the duty of the chairman of the Scholarship Committee to write to recipients informing them of this policy.

**Texas Educational Support Staff Association, Inc.
LORENE ROBY ROGERS SCHOLARSHIP**

APPLICATION CHECKLIST

Have you included:

- _____ 1. Completed Application
- _____ 2. Official Transcript
- _____ 3. Letters (3) of reference

Send completed application to:

Scholarship Chairman
TESA Central Office
PO Box 1565
Austin, TX 78767-1565

**APPLICATION MUST BE POSTMARKED NO LATER THAN
FEBRUARY 25**

You are encouraged to send your application by Certified Mail to ensure delivery.



Texas Educational Support Staff Association, Inc.

**Application for Scholarship
Lorene Roby Rogers Scholarship Fund**

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Place of Employment: _____

TESA Member: Yes No If yes, membership number: _____

NAEOP Member: Yes No If yes, membership number: _____

College of attendance (*attach transcripts*): _____

Attach additional sheets if needed:

Reason for requesting scholarship: _____

Applicant's Background: _____

Course of Study: _____

General Information: _____

Applicant Signature

Date

Application Deadline: February 25th

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P.O. Box 1565
Austin, TX 78767