

*Lucy A. Valero*

## Memorial Scholarship

*Administered by the PSEA Scholarship Trust*

As part of the PSEA Scholarship Trust, this scholarship is awarded to one or more outstanding students each year who plan to enroll in an accredited teacher preparation program in the Commonwealth of Pennsylvania. It was established by the many friends of Lucy A. Valero in recognition of her dedicated service to education through her teaching and her years of service to the Pennsylvania State Education Association.

## Eligibility and Criteria

1. Candidates must complete and submit the standard application form, including a copy of transcripts, by January 31 of the year the award is granted.
2. Candidates for the award must meet all eligibility requirements as outlined in the PSEA Scholarship Trust Guidelines:
  - A. Intention to enroll in an approved undergraduate program of teacher education at an accredited institution of higher education in the Commonwealth of Pennsylvania. If selected, candidates must submit formal letter of acceptance from an approved undergraduate teacher education program.
  - B. A high degree of academic proficiency as evidenced by grades and verified by school transcripts. **Official transcripts must accompany this form.**

## Timeline

1. Application forms are available on the PSEA website – [www.psea.org/for-members/member-resources2/awards-grants/#Awards-Valero](http://www.psea.org/for-members/member-resources2/awards-grants/#Awards-Valero).
2. Applications must be postmarked no later than January 31 of each year.
3. Award winners will be notified by US mail after the annual convention of the Student Pennsylvania State Education Association

## Scholarship Award

1. The number and amount of awards shall be determined by the trustees of the fund in accordance with the trust document and the PSEA Scholarship Trust Guidelines. The total amount awarded need not be divided equally among the recipients.
2. The award will be made from among applicants who have met all of the qualifications.
3. Decisions of the trustees shall be final.
4. The trustees shall send the scholarship award directly to the college or university in which the recipient is enrolled.

Questions?  
Student PSEA Programs Coordinator  
400 North Third Street  
PO Box 1724  
Harrisburg, PA 17105-1724  
1.800.944.7732 • 717.255.7000  
[students@psea.org](mailto:students@psea.org)



## High School Seniors



*Lucy A. Valero*

## Memorial Scholarship

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**PSEA** PENNSYLVANIA  
STATE EDUCATION  
ASSOCIATION  
The Power of a Great Education

*Lucy A. Valero*

## Lucy A. Valero Memorial Scholarship

*Administered by the PSEA Scholarship Trust*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

High School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Guidance Counselor Name \_\_\_\_\_

Advisor Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

College or University (to which scholarship would apply) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In essay format, respond to each of the following questions on a separate sheet and submit with this application.

- Describe how you have contributed and will continue to contribute to your community. Be sure to include how you intend to contribute to Student PSEA on your campus, in your region, and at the state level, and to identify any elected positions held or awards received for school or community involvement.
- Explain your vision for education. Be sure to include why you want to become an educator, how you improve education for Pennsylvania's students, and the experiences that have shaped and will shape your vision (e.g. courses, Student PSEA, participation in other organizations, etc.).

## Certification

I hereby certify:

- I am a member in good standing of my high school.
- I have accurately responded to all of the requests for information of this application.
- I have provided my **official transcripts** from my high school to be used in consideration of this application.\*

\_\_\_\_\_  
Student Signature

I hereby certify that that above-named applicant is a member in good standing of the named high school, and to the best of my knowledge, the information contained herein is accurate.

\_\_\_\_\_  
Guidance Counselor Signature

\* If applicant is under 18 years of age, parent/guardian signature is necessary for release of school records.

RETURN TO:  
PSEA Student Programs Coordinator  
400 North Third Street • PO Box 1724  
Harrisburg, PA 17105-1724  
students@psea.org

All entries must be postmarked by January 31.