



Washington County Teachers Association Scholarship Application

IMPORTANT: Applicant must mail this form on or before **Wednesday, April 8, 2026**, to WCTA Scholarship Committee, Washington County Teachers Association, 18047 Oak Ridge Drive, Hagerstown, Maryland 21740.

Name of Applicant _____ Date _____

Address _____

School _____ Date of Birth _____

Father's Name (or Guardian) _____

Place of Employment _____ Position _____

Member of WCTA _____ yes _____ no

Mother's Name (or Guardian) _____

Place of Employment _____ Position _____

Member of WCTA _____ yes _____ no

Including applicant, number of children living at home: _____ Ages: _____

Number of children in family presently attending college, trade or nursing schools or other places of learning: _____

Where: _____

Total Gross Family Income: _____

Mother's Gross Income: _____
indicate none if applicable

Father's Gross Income: _____
indicate none if applicable

College, trade, or nursing school you plan to attend: _____

Major Field of Study: _____

Approximate Yearly Cost (tuition, room, books, etc.): _____

Check any of the programs for which you have applied:

_____ National Direct Student Loan

_____ Pell Grant

_____ College Work Study Program

_____ College Scholarships

_____ Maryland General State Scholarships

_____ Athletic Scholarships

_____ Senatorial Scholarship

_____ House of Delegate Scholarship

_____ Teacher Tuition Waiver

_____ Other _____

Amount received from any of the above listed programs _____

I verify that the above information is true and accurate. _____

Parent/guardian signature

PLEASE BE BRIEF:

(You may type your own form. Indicate dates or number of years of participation for your activity(s).)

Extra-Curricular Activities in School: _____

Extra-Curricular Activities Out of School: _____

Work Experience: _____

Honors and Awards: _____

Positions of Leadership: _____

Life Goal: _____

Scholarship Need: _____
