

**Texas Educational Support Staff Association, Inc.**



**Dr. Michael Zolkoski Technology Scholarship  
Application**

**Application Deadline: February 25**

**Return to:**

**Scholarship Chairman  
TESA Central Office  
P.O. Box 11825  
Killeen, TX 76547**

**Texas Educational Support Staff Association, Inc.**  
**THE DR. MICHAEL ZOLKOSKI TECHNOLOGY SCHOLARSHIP**  
**GUIDELINES**

In June 1996, the Texas Educational Support Staff Association established the Dr. Michael Zolkoski Technology Scholarship. This scholarship is for TESA members who wish to take computer enrichment classes. The scholarship will be funded by proceeds from the TESA Spirit Award and other donations from individuals or associations.

Dr. Zolkoski's commitment to TESA has been without precedent and exemplifies the spirit of TESA. This scholarship has been established to honor his efforts to enhance the knowledge of technology of paraprofessionals.

**The following regulations shall apply to the Scholarship:**

Requests are to be 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 amount of each scholarship will be limited up to \$150.00.

If funds are available, more than one scholarship may be awarded at a time.

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.

Applicants must be members of TESA for at least one year at the time of the application. They must be paraprofessionals of good character seeking to further their knowledge of technology. Each applicant must secure and submit to the committee all available information, including the applicant's background, reasons for the requesting scholarship, name and description of the class for which funds are to be reimbursed, copy of receipt for tuition, and proof of completion of said course.

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. 1-3 Letter(s) of Reference
2. Submit a keyboard generated Application Form. 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 PACKET TO:**

Scholarship Chairman  
TESA Central Office  
P.O. Box 11825  
Killeen, TX 76547

*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.  
THE DR. MICHAEL ZOLKOSKI TECHNOLOGY SCHOLARSHIP**

**APPLICATION CHECKLIST**

Have you included?

- Completed Application (*Application forms must be keyboard generated. No handwritten forms will be accepted.*)
- 1-3 Letter(s) of reference
- Copy of receipt for tuition
- Proof of completion of course\*

*\*Transcript must be provided upon completion of the course before funds can be distributed.*

**Send completed application packet to:**

Scholarship Chairman  
TESA Central Office  
P.O. BOX 11825  
Killeen, TX 76547

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

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



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

Name: \_\_\_\_\_  
(First, Middle, Last Name)

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Street/PO Box

Telephone Number: Home or Cell: \_\_\_\_\_ Office: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

TESA Member:  YES  NO If yes, membership number: \_\_\_\_\_

NAEOP Member:  YES  NO If yes, membership number: \_\_\_\_\_

College of Attendance: \_\_\_\_\_

**Attach additional sheets if needed:**

Reason for requesting scholarship:

Applicant's Background:

Name of class: \_\_\_\_\_ Cost: \_\_\_\_\_

Description of Class:

**Application Deadline: February 25**

**Return to:**

**Scholarship Chairman  
TESA Central Office  
P.O. Box 11825  
Killeen, TX 76547**