



**IBERIA CHAPTER OF COMMUNITY TEACHERS ASSOCIATION  
SCHOLARSHIP APPLICATION  
CTA-\$100**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

GPA \_\_\_\_\_ Rank \_\_\_\_\_ ACT Score \_\_\_\_\_

Which school do you plan to attend after graduation?  
\_\_\_\_\_

Are you related to any current CTA member? \_\_\_\_\_  
If so, who? \_\_\_\_\_

In what area are you planning to major  
Elementary \_\_\_\_\_ Secondary \_\_\_\_\_

Why did you choose the teaching profession?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain briefly why you wish or need to receive this scholarship.  
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