

APPLICATION FOR MINORITY SCHOLARSHIP TO THE NEA-RA

Name:			Region:		
		Phone:	i	Email:	
		☐ American Indian☐ Asian☐ Biracial	□ Black□ Caucasian□ Hispanic	☐ Multiracial☐ Native Hawaiian or other Pacific Islander	
1.	_	ou ever attended an N s, how many times? _		te? □ Yes □ No	
2.	Have yo □ Ye			local delegate to the N	
3.	-	ou been elected as a St ou run as a State Dele	_	year's NEA-RA? □ Ye Yes □ No	s □ No
4.	_	ou ever received the N s, when?	•	the NEA-RA? ☐ Yes	□ No
5.	_	• •		to the NEA-RA?	
6.	How ma	any years have you be	een a PSEA membe	r?	
7.	•	currently serve on a s , which committee?	State Committee?	□ Yes □ No	
8.		position held in the I ber of years you served			

Application form must be received by PSEA no later than March 15, 2019.