Education Administrators Association

Education Administrators Association

2026 STUDENT SCHOLARSHIP APPLICATION

The EAA will award a scholarship to a graduating senior sponsored by an EAA member in good standing. Students must attend a high school located within the limits of New York City. The scholarship will be notified by April 30th. Applications, Graduation Verification Form, and Essay should be submitted electronically by **March 3, 2026.**

Note: Winners will be notified by April 30, 2026. We ask that the EAA Sponsor or a school representative be available on May 18, 2026 for the EAA Scholarship Awards Ceremony.

Applicant - Please complete the following information:

1. First Name:_____Last Name:_____
2. DOB:_____/_____/_____
3. Home Address: _____
4. City:_____State:___Zip:_____
5. Phone: (_____)_____-_____
6. E-mail Address:_____@_____
7. High School Name: _____
8. School Borough: _____

9. Anticipated Graduation Date:____/_____ College/Post-Secondary Training/Vocational Certification program you plan to attend:

10. List activities both in and outside of school, including jobs, volunteer work, clubs, teams, etc:

11. Complete and submit signed media consent form with application.

12. Name of the EAA member sponsoring applicant. Sponsor must be a member of the Education Administrator Association (EAA).
Print Name _____

NYCDOE email address (print): _____

EAA Sponsor Signature:_____Date:_____/_____/_____
I certify that all the information submitted is accurate and true. * *One Student sponsorship per EAA member*
I, or a representative from the school will be available to present the award on May 18, 2026 at the EAA Scholarship Awards Ceremony. *Please initial* _____

To the Applicant: **Email the Application Form and Essay to the Education Administrators Association at EAAScholars@gmail.com no later than March 3, 2026.**

Education Administrators Association

Education Administrators Association

EAA Scholarship
Expected Date of Graduation Verification Form
(To be complete by Applicant with **Guidance Counselor)**

OSIS#: (student ID): _____

School Name:_____ DBN: _____

School Address:_____ Borough and Zip: _____

School Phone Number:_____School Principal's Name: _____

Guidance Counselor's Name: _____

Guidance Counselor's phone number: (_____)_____-_____

Guidance Counselor email address: _____

_____

(The student listed above is being considered for the EAA scholarship)

I,_____(Guidance Counselor's Name), verify that the above student is expected to

graduate on_____(month, year). The student's post-secondary plans include

attending (type of post-secondary training – college, vocational training etc.), list schools student applied to:

_____.

Guidance Counselor's Signature:_____Date:_____/_____/_____

Guidance Counselor will email this form from school email account no later than March 3, 2026 to:
EAAScholars@gmail.com

Education Administrators Association

Education Administrators Association

2026 STUDENT ESSAY

Respond to the following questions in a typewritten, **one** double-spaced essay, which creatively expresses the answers to all questions, providing a clearly expressed thought process. The essay must be at least 750 words but not exceed 1000 words. **Please include your full name, school, email address and date in the header of your essay.**

1. What makes you an ideal candidate for this scholarship? Support your answer with any challenges that you have overcome and/or successes you have achieved. Please include and describe any individual, if any,that may have impacted or influenced your experience and goals.

2. Tell us about your educational and career goals. What are your plans and timeline for meeting your goals?

3. Tell us about your activities outside of the classroom (volunteer, sports, leadership roles, hobbies, employment, cultural events...). How will your involvement in this/these activities help you to meet your goals?

Media Consent for Education Administrators Association Use

Student's Name: _____

School: _____

I consent to the use and disclosure of the image, quotes, name, the participation in interviews, and the taking of photographs, recordings, and videos of the Student named above by the Education Administrators Association (**EAA**) and EAA invited members of the press for EAA sponsored events. I grant the EAA and invited members of the press the right to disclose, edit, use, and reuse the Student's image, quotes, name, and interviews, and photographs, recordings, and videos of the Student for the EAA's nonprofit and public press purposes. This includes use in print, on broadcasts, in online spaces (such as the EAA website and social media accounts and those of the press), and all other forms of media. I understand that when EAA hosts a public event, individuals at the event may take their own photographs, videos and audio of the event, that such recordings may capture me or my child, and that they may also be made public.

I also release the Education Administrators Association (EAA), its agents, and employees from all claims, demands, and liabilities in connection with the rights granted above.

If Student is Under Age 18:

Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____

If Student is Age 18 of Over:

Name of Student: _____

Signature of Student: _____

Date: _____

For students age 18 and over, the form must be signed by the student, and not the parent or guardian.