

**NFCPTA-Sally FitzGerald Scholarship**  
**PTA Membership Verification**  
*(print this page to fill out and give to the PTSA)*

Qualified applicants for the North Fulton Council of PTAs' Sally FitzGerald Scholarship **must** be a current member in their high school PTSA. Additional consideration will be given for the number of years and involvement of the student and family in the high school PTSA and other North Fulton PTAs. PTSA membership is verified by the PTSA membership chair (*use the back of the page if necessary to list all leadership positions held by student and/or family members*).

<b>STUDENT NAME:</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
<b>PTSA MEMBER- Student</b> ( <i>indicate years student was a PTSA Member</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PTSA Leadership Position(s)</b> – include school and years if not during high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>PARENT NAME(S):</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
<b>PTA/PTSA MEMBER- Family</b> ( <i>indicate years a student's parent joined the PTSA</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PTSA Leadership Position(s)</b> – include school and years if not during high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Signature of PTSA Membership Chair verifying accuracy of information:*

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**INSTRUCTIONS for MEMBERSHIP CHAIR**

Please verify the above information provided by the applicant. If it is accurate, **email** this signed form (in pdf or jpg format) from your PTA or personal email to [scholarship@nfcpta.com](mailto:scholarship@nfcpta.com) by **February 28** with the **subject line** of "Student FirstName LastName Membership Verification." Direct any questions to [scholarship@email.com](mailto:scholarship@email.com). **Thank you!**