

**Association of Retired Teachers of Connecticut**  
**GLENN MOON SCHOLARSHIP**  
**For Future Educators**  
**2025 Scholarship Application Directions/Checklist:**

Using your computer, create one folder with **your name as the Title**. Include all the items listed below in pdf format.

1. **Scholarship Application Form**, only pages 2 and 3
2. **Essay** detailing reasons for choosing teaching as a career; your experience with teaching, tutoring, and/or working with students; and the subject(s) and level(s) you hope to teach
3. **Resume** Employment Experiences, Volunteer and Community Service, Extracurricular, Sports, and Other Activities, School Leadership and Awards and other Accomplishments
4. **Letters (2) of recommendation**, possibly school counselor, teacher, or other influential adult (not family member)
5. **Financial Need** - Confirmation page displaying your SAI (Student Aid Index) and FAFSA Submission Summary (FSS)
6. **High School Transcript** including Grade 9 through 1<sup>st</sup> semester of senior year, GPA and class ranking if available.

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

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**EMAILING INSTRUCTIONS**

1. Go to the website [www.artct.org](http://www.artct.org)
2. Then click on Glenn Moon Scholarship.
3. Find “Get Started #2” to find the email address for the Glenn Moon Board Member for your area of Connecticut.

If there are questions or additional information is needed, please check our website [www.artct.org](http://www.artct.org). If more help is needed, email [glennmoon.scholarship@gmail.com](mailto:glennmoon.scholarship@gmail.com) Be sure to include your (the student’s) town and school as well as your question(s). Please include your phone number, in case we think it is best to talk with you.

**Email your complete application in pdf format no later than March 31, 2025.**

You should receive a confirmation from the Board Member who received your application.

**Winners will be announced in May 2025 at [www.artct.org](http://www.artct.org).**

**ARTC GLENN MOON SCHOLARSHIP  
For Future Educators  
2025 Scholarship Application Form**

**Applicant Information**

Full Legal Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Graduation date (month & year) \_\_\_\_\_

Address Street & Town: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

Name of High School (and town) \_\_\_\_\_

School Counselor \_\_\_\_\_ Phone \_\_\_\_\_

School Counselor's email address \_\_\_\_\_

**College Applications** List the name(s) of the college(s) to which you have applied and the status of the application(s).

| <u>College</u> | <u>Status</u> (Check one) |
|----------------|---------------------------|
| College _____  | ___ pending ___ accepted  |

Financial aid from this college: Scholarships/Grants \$ \_\_\_\_\_ Work Study \$ \_\_\_\_\_

|               |                          |
|---------------|--------------------------|
| College _____ | ___ pending ___ accepted |
|---------------|--------------------------|

Financial aid from this college: Scholarships/Grants \$ \_\_\_\_\_ Work Study \$ \_\_\_\_\_

|               |                          |
|---------------|--------------------------|
| College _____ | ___ pending ___ accepted |
|---------------|--------------------------|

Financial aid from this college: Scholarships/Grants \$ \_\_\_\_\_ Work Study \$ \_\_\_\_\_

**Anticipated Teaching level after college graduation:** \_\_\_\_\_

**Anticipated Subject(s) to teach after college graduation:** \_\_\_\_\_

**Family Information**

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job/Occupation/Company or Employer \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Job/Occupation/Company or Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Job/Occupation/Company or Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Siblings/# and Ages \_\_\_\_\_ # in college next year including you \_\_\_\_\_

**Please inform us of any extenuating circumstances or financial need that might be important for us know.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The undersigned hereby certifies that the information provided in this application is true to the best of his/her knowledge.**

\_\_\_\_\_  
STUDENT APPLICANT SIGNATURE DATE

\_\_\_\_\_  
PARENT(S) / GUARDIAN(S) SIGNATURE(S) DATE

**Email your complete package no later than March 31, 2025.**