**SkillsUSA Pennsylvania Western Region**

**Gerald Tylka Memorial Scholarship Award**

**Purpose:**

To provide recognition to an outstanding SkillsUSA member for accomplishment, leadership, knowledge and dedication in his/her school.

**Objective:**

The student will **type** a one-page essay on the topic:

***“What does being a SkillsUSA member mean to me?”***

**General Rules:**

1. Nomination MUST be submitted at the Fall Leadership Workshop registration table.
2. The student MUST be a 2024 graduating senior, an active SkillsUSA member and must attend the SkillsUSA Pennsylvania Western Region Leadership Conference.
3. Each school may submit ONE name for this award per conference.
4. The essay should be written in the student’s own words.
5. The essay is to be one page typed in Times New Roman, double spaced, 12 font with all spelling, grammar, and punctuation correct. (MUST be typed)
6. The essay must include an opening and closing statement.
7. Please do NOT include your name or your school name in your essay. Please do not use your school letterhead.
8. A committee of advisors, and Mrs. Tylka, will judge. Student’s names will not be given.
9. The student will read their essay to the judges at Fall Leadership.
10. Judging will be based entirely on the information received and adherence to these rules.
11. The decision of the committee of advisors is final.
12. Place your application and entry into large envelope and write: “Gerald Tylka Memorial Scholarship” on the front of the envelope and turn in at the registration table.

**Award:**

A plaque and a $500.00 cash scholarship will be presented to the winner at the Fall Leadership banquet.

**SkillsUSA Pennsylvania Western Region**

**Gerald Tylka Memorial Scholarship Application**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technical School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational Training Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level: \_\_\_\_\_\_\_\_

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Student’s Signature and Date

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Advisor’s Signature and Date