

# 2025-2026 Land of Enchantment PTA Parent/Guardian Scholarship Sponsored by Mountain America Credit Union

## **Background**

Chartered in 1915, the Mission of New Mexico PTA is to make every child's potential a reality by engaging and empowering families and communities to advocate for all children.

## **Scholarship Intent**

The New Mexico *Land of Enchantment PTA Parent/Guardian Scholarship* is to be awarded to a PTA/PTSA member and parent/guardian from a New Mexico school on the basis of:

- A history of advocating for others in their student's current school or in their community
- A demonstration of personal qualities, such as perseverance, initiative, and a willingness to work hard
- The potential to be a well-respected representative of their home school at their next school.

## **Eligibility**

- Must be a member of a PTA/PTSA (local or *Land of Enchantment PTA*) from a New Mexico school that is in compliance with the NMPTA *Standards of Affiliation*. Check with your PTA/PTSA leadership for confirmation.
- Must be enrolled in a GED, ELL or post-secondary school program within two semesters after receiving this scholarship.

## **Scholarship Amount**

This one-time, non-renewable scholarship is funded through the Land of Enchantment PTA, an affiliate of the New Mexico PTA, in the amount of **\$500**. Each scholarship recipient will be notified by email and will be recognized with a certificate and short biography in the New Mexico PTA Year-End Awards Video. Announcement will be made by NMPTA's Annual Convention (April 24-25, 2026). The scholarship check will be written directly to the recipient.

## **Application Process**

Applications may be obtained on the NMPTA website, [www.newmexicopta.org](http://www.newmexicopta.org). All applicants are required to provide the following with their application:

- Written confirmation on school letterhead that applicant is a PTA member and known to the school staff as an adult that is actively involved in their student's educational experience;
- Two (2) recommendations from non-family members, who are familiar with you and your achievements (use provided form);
- One essay, not to exceed one double-spaced typed page (1" margins, 12 pt Arial), describing how you have supported the work of your school's PTA.

## **Application Deadline**

Complete application packets must be emailed or mailed with a postmark dated on or before **March 23, 2026**.

## **Review Process**

Late, incomplete or incorrect application packets will not be considered. Applications will be reviewed and considered based on the items outlined in the Scholarship Intent section above. Use only ONE (1) staple, and submit packets in the order listed on the application form.

**2025-2026 Land of Enchantment PTA**  
**Parent/Guardian Scholarship**  
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APPLICATION FORM

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Checklist of Required Items:

- ☐ PTA/PTSA Member    Yes    No    (circle one)
  - ☐ PTA/PTSA Name \_\_\_\_\_
  - ☐ PTA/PTSA in Compliance with NMPTA Standards of Affiliation    Yes    No    (circle one)
  - ☐ Written confirmation on school letterhead that applicant is an involved adult at their student's school
  - ☐ Two (2) signed recommendation forms
  - ☐ One essay describing your efforts in support of the work of your school's PTA
  - ☐ How will the award be used?
- \_\_\_\_\_

Complete application packets must be emailed or mailed with a postmark dated on or before March 23, 2026.



Land of Enchantment PTA  
PO Box 14706  
Albuquerque, NM 87191  
[nmpta@newmexicopta.org](mailto:nmpta@newmexicopta.org)

**National PTA Standards for Family-School Partnerships**

- Welcome All Families
- Communicate Effectively
- Support Student Success
- Speak Up for Every Child
- Share Power
- Collaborate With Community

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RECOMMENDATION FORM

Name of Applicant: \_\_\_\_\_

Name of Recommender: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Years You Have Known the Applicant: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Recommender Signature: \_\_\_\_\_

Why do you recommend the applicant? \_\_\_\_\_

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To the Recommender: Please email or mail this completed form to the address below by March 23, 2026.



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PO Box 14706  
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