

2015-2016 PTSA Senior Service Scholarship Application

	Name:	
	Home address:	
	Home phone number:	
	Email:	
	Parent/Guardian Names:	
GPA meets o	I do hereby confirm that the information I have provided is truthfor exceeds the minimum of 80, and that I am (or my family is) a last PTSA as required by the rules of this scholarship.	
Signature	of Applicant	Date

PART 1: DESCRIPTION OF SERVICE

Using the attached table (you may use more than one if necessary and reformat as needed for space), complete all of the information for each of the service-oriented opportunities in which you have participated during your high school years. The number of service opportunities will vary between students. The quality, depth and leadership roles of your service will be considered to be as important as the total number of the opportunities cited.

PART 2: PERSONAL ESSAY

Pick one of the service activities from Part 1 and, in your own words, typed on a separate document, explain the following:

- 1. Why and how you chose to serve with the given organization?
- 2. How you believe your contributions to this organization have impacted the individuals you served and your community as a whole?

3. What you have learned from this opportunity to serve (i.e. How have you grown, would you choose to serve again, how has it affected your future volunteer plans, etc.)?

PART 3: PERSONAL INTERVIEW

The applicant MAY be required to appear for a personal interview in front of the review committee.

Note: Part 1: Description of Service and Part 2: Personal Essay must be <u>typed</u> (both parts) and submitted to the front office in an envelope marked, "PTSA Scholarship" by <u>Friday</u>, <u>March 25</u>, <u>2016</u> at <u>3:30pm</u>. For question, please contact Debbie Barone, PTSA Scholarship Committee Chair, DebbieB1214@gmail.com.



Senior Volunteer Scholarship Application 2015-2016

PART 1: DESCRIPTION OF SERVICE Table							
Name, Address, Telepho ne Number of Organiza tion	Title/Position/ Description of Duties and Personal Responsibilities	Estimated Total Number of Hours (per project or Week/Month/ Year)	Est. Number of People Served	Descripti on of Leaders hip Duties (If any)	Name/Signature/ Contact Number of Supervising Adult from the org. (non-relative if possible)		