

SMITHTOWN HIGH SCHOOL EAST PTSA COMMUNITY SERVICE SCHOLARSHIP

Applicant Code: _____ (PTSA use only)

Name: _____

Address: _____

Town: _____ Contact Phone # _____

Email Address: _____

PTSA MEMBERSHIP # _____ *(this is your membership number found on your membership card. If you do not have it, please contact your current PTSA President and request it. You must be a paid PTSA member to apply for this scholarship. The Smithtown Central School District main calendar has all PTA/PTSA presidents listed along with email contact information)*

What are your plans after graduation from Smithtown High School East?

I certify that I am not failing any classes: _____ (please initial)

I certify that all the information supplied on this application is true.

Applicant Signature

Date

**** DEADLINE FOR APPLICATION SUBMISSION IS FRIDAY, MARCH 16, 2018.**

PLEASE SUBMIT APPLICATION TO THE PTSA MAILBOX IN THE MAIN OFFICE

DO NOT DROP OFF TO THE GUIDANCE OFFICE!!!!**

All information submitted in this application will be kept confidential.

Please retain a copy of this application for your records.

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SCHOOL AND COMMUNITY SERVICE

For each organization, please provide a contact person, telephone number and/or email address to confirm participation. Please describe your involvement with each club/organization. Please add additional pages if necessary using the same format.

School Year _____ **Name of in-school club/organization** _____ **Office or Position Held** _____

9, 10, 11, 12 _____

CONTACT NAME/PHONE AND OR EMAIL: _____

Briefly describe this community service and the impact it has had on you:

School Year _____ **Name of in-school club/organization** _____ **Office or Position Held** _____

9, 10, 11, 12 _____

CONTACT NAME/PHONE AND OR EMAIL: _____

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PERSONAL STATEMENT

Please respond to the following:

What other information would you like to share with this committee about yourself that will help us evaluate your application? (use additional pages if necessary or attach typed response)

