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, APRIL 5TH 2019.**

***PLEASE SUBMIT* APPLICATION TO THE *PTSA MAILBOX IN THE MAIN OFFICE***

**DO NOT DROP OFF TO THE GUIDENCE OFFICE!!!!!\*\***

**All information submitted in this application will be kept confidential.**

**Please retain a copy of this application for your records.**

**1.**

**Smithtown High School East PTSA Community Service Scholarship**

Applicant Code: \_\_\_\_\_\_\_\_\_\_\_\_ (PTSA use only)

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**2.**

**Smithtown High School East PTSA Community Service Scholarship**

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

**3.**

**Smithtown High School East PTSA Community Service Scholarship**

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

**4.**

**Smithtown High School East PTSA Community Service Scholarship**

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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)

**5.**