



**SMITHTOWN HIGH SCHOOL EAST PTSA  
COMMUNITY SERVICE SCHOLARSHIP 2021-2022**

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

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

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

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**You must be a paid member of the PTSA to apply for this scholarship.  
You can join online at <https://eastpts10.memberhub.store/>**

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

I confirm that I am passing all of my classes: \_\_\_\_\_ (please initial)

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**\*\*DEADLINE FOR APPLICATION SUBMISSION IS FRIDAY, MARCH 25, 2022\*\***

**Please email the completed application to  
[Smithtowneastpts@gmail.com](mailto:Smithtowneastpts@gmail.com)**

**All information submitted on this application will be kept confidential.  
Please keep a copy for your records.**

# Smithtown High School East PTSA Community Scholarship

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

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## SCHOOL AND COMMUNITY SERVICE

Please fill out the following for each organization (print out as many needed).

Kindly, provide a contact person, telephone number, and/or an email address to confirm participation.

This can be handwritten or typed.

**Name of School Club or Organization:** \_\_\_\_\_

**Office or Position Held (if applicable):** \_\_\_\_\_

**Please circle each grade in which you participated:** 9th 10th 11th 12th

Contact Name:

\_\_\_\_\_

Phone # or Email:

\_\_\_\_\_

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

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### **PERSONAL STATEMENT**

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 a typed response)