



**SMITHTOWN HIGH SCHOOL EAST PTSA
COMMUNITY SERVICE SCHOLARSHIP 2022-2023**

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 accurate.

Applicant Signature

Date

****DEADLINE FOR APPLICATION SUBMISSION IS FRIDAY, MARCH 24, 2023****

**Please email the completed application to
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 as needed).

Kindly, provide a contact person, telephone number, and email address to confirm participation. This can be handwritten or typed.

Name of School Club or Organization: _____

Office or Position Held (if applicable): _____

Please check 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 to help us evaluate your application? (use additional pages if necessary or attach a typed response)