



**SMITHTOWN HIGH SCHOOL EAST PTSA COMMUNITY SERVICE
SCHOLARSHIP 2024-2025**

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://eastptsa10.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 March 31, 2025. THERE
WILL BE NO EXCEPTIONS****

**Please email the completed application to
Smithtowneastpta@gmail.com**

**PLEASE DO NOT SEND APPLICATIONS THROUGH YOUR
SCHOOL'S GOOGLE CLASSROOM ACCOUNT, YOU NEED TO SEND
THEM FROM ANOTHER EMAIL ADDRESS.**

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: _____

Applicant Code: _____ (PTSA use only)

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: