



**SMITHTOWN HIGH SCHOOL EAST PTSA  
COMMUNITY SERVICE SCHOLARSHIP**

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

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

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

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

**You must be a paid member of the PTSA to apply for this scholarship. To join, please contact Kerry DeJesus at 631-371-6457 or 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 true.

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

\_\_\_\_\_  
Date

**\*\*DEADLINE FOR APPLICATION SUBMISSION IS FRIDAY, MARCH 26, 2021\*\***

**Please mail the completed application to  
Karen Wontrobski-Ricciardi, 1 Aesop Lane, St. James, NY 11780 or  
email to [Smithtowneastptsa@gmail.com](mailto:Smithtowneastptsa@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: \_\_\_\_\_

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

## SCHOOL AND COMMUNITY SERVICE

For each organization, please provide a contact person, telephone number, and/or an email address to confirm participation.

Describe your involvement with each club or organization. You can add additional pages if necessary.

**School Year:**                      **Name of In-School Club/Organization:**                      **Office or Position Held:**

9, 10, 11, 12                      \_\_\_\_\_                      \_\_\_\_\_

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

Phone # 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 # 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 # or Email: \_\_\_\_\_

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

# Smithtown High School East PTSA Community Scholarship

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

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

**School Year:**                      **Name of In-School Club/Organization:**                      **Office or Position Held:**

9, 10, 11, 12                      \_\_\_\_\_                      \_\_\_\_\_

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

Phone # 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 # 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 # or Email: \_\_\_\_\_

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

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

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

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

### **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)