



SMITHTOWN HIGH SCHOOL EAST PTSA
COMMUNITY SERVICE SCHOLARSHIP 2025-2026

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 1, 2026. There will be NO EXCEPTIONS.

Please email the completed application to Smithtowneastpts@gmail.com

****YOU CANNOT USE YOUR STUDENT EMAIL****

All information submitted on this application will be kept confidential.

Please keep a copy for your records. Smithtown High School East PTSA
Community Scholarship

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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:

