Sargent PTO 

**SCHOLARSHIP APPLICATION 2017/2018**

*Applicants must be graduating High School Seniors who graduated from Sargent Elementary School. Two scholarships will be awarded f0r $750 each.*

**All instructions must be followed in order for your application to be considered.**

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

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

College/University/Vocational School

You Plan to Attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field of Study (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cumulative GPA: \_\_\_\_\_\_\_\_\_

**On a separate piece of paper, please provide the following information:**

List community service volunteer experiences.

List your school activities since the 9th grade Include dates and positions held.

List honors or awards. Include dates and organization granting award.

List any additional work, church, or social experiences you wish us to consider. Include dates.

**ESSAY (Please choose one):**

Option A: In 250 word or less, please tell us about an experience you had at Sargent Elementary School that has influenced the person you are today.

Option B: In 250 words or less, please discuss something you’ve done that has made a difference in your community.

**RECOMMENDATIONS:** Please attach two letters of recommendation.

I certify that the information in this application and accompanying documents is true and correct to the best of my knowledge.

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

**RETURN TO:** PTO Scholarship Committee

Attn: Sargent PTO

Sargent Elementary School

29 Education Drive

Beacon, NY 12508

**DEADLINE:** Applications must be postmarked by May 25th.

**NOTIFICATION OF AWARDS:** All completed scholarship application submissions will receive a confirmation of receipt. All award recipients will receive notification after the selection committee meets, by June 8th.

**PAYMENT OF AWARDS**: Checks are made payable to the recipient for the beginning of each school year (in July/August of the award year).



Sargent PTO

**SCHOLARSHIP-REFERENCE FORM**

**Please return this form by May 25th to:**

PTO Scholarship Committee

Attn: Sargent PTO

Sargent Elementary School

29 Education Drive

Beacon, NY 12508

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Student’s Name) has made an application to compete for the Sargent PTO Scholarship.

Our ideal candidate will demonstrate an awareness of community, as evidenced by active involvement. In addition, the candidate should possess exemplary personal characteristics: honesty, courtesy, responsibility, empathy, tolerance, and respect for others.

Please briefly describe how you know this candidate, and how this person has demonstrated the above characteristics.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_