

**2018-2019 STRATFORD SENIOR HIGH SCHOOL PTSA
STUDENT SCHOLARSHIP APPLICATION**

Name:		
Address:		
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Email Address:	Phone Number:
Parent Name:		Phone Number:
Parent Email Address:		
Anticipated College Major:		

Extracurricular Activities at Stratford <small>(In order of significance)</small>	<u>Years participating</u>				Leadership position, if any
	Fr.	So.	Jr.	Sr.	
1.					
2.					
3.					
4.					

Activities outside of Stratford HS <small>(Service organizations, club sports, church, Scouts, etc.)</small>	<u>Years participating</u>				Leadership position, if any
	Fr.	So.	Jr.	Sr.	
1.					
2.					
3.					
4.					

Work Experience <small>(Employer name and position)</small>	Begin date		End date		Hours per week
	Month	Year	Month	Year	
1.					
2.					
3.					
4.					

Community Service <small>(Specific activities/events you have done for the community through other groups or independently)</small>	<u>Years participating</u>				Total Hours <small>(for all years you have participated in this activity)</small>
	Fr.	So.	Jr.	Sr.	
1.					
2.					
3.					
4.					

Colleges you have applied to: (#1 = your first choice school – list your top four choices. Or, if you have made a college decision, only list the college you will be attending)	Applied for Scholarships		Amount of scholarships received or “don’t know”
	Yes	No	
1.			
2.			
3.			
4.			

Other scholarships applied for:	Application pending (please check if your application still pending)	Amount received
1.		
2.		
3.		
4.		

TOTAL FAMILY INCOME (Scholarships are based primarily on need; check one area)

Below \$20,000
 \$20,000-\$50,000
 \$50,000-\$75,000
 \$75,000-\$110,000
 Above \$110,000

Names & Ages of Siblings:

Number of siblings currently enrolled in college or university:

Mother's Employer:

Father's Employer:

Essay: In an essay of 250 words or less, please describe an event, experience, or activity you have had or been a part of that has contributed to your personal growth and how this growth has influenced your ideals and choices in life.

Transcript: A transcript is required for your application. Please request an unofficial transcript from the Registrar’s office and attach it to your completed application. The transcript does *not* need to be in a sealed envelope.

Teacher recommendations: Please **put your name on the teacher recommendation forms** and give the forms to two teachers. These forms will be completed and teachers are to return forms directly to College and Career Room, room 224 or placed in the mailbox.

Please attach to your application, a list naming the two teachers you gave the forms to.

Resume: A resume may be included in lieu of completing the boxed sections of page 1.

Scholarship winners will be announced at the Stratford Senior Awards Night. Award winners will be required to provide the name and address of the university so that the funds may be sent directly to the school. If students do not provide this information to the Stratford PTSA by Friday, May 24th the funds will be offered to the alternates selected by the scholarship committee.

**** Checklist ****

1. Complete Application
2. Complete essay, no more than 250 words, and attach to the application.
3. Request unofficial transcript from Registrar's office and attach to your completed application.
4. Make one - (1) copy of your completed application package.
5. Give teacher recommendation forms to two teachers - teachers are to return forms directly to College and Career Room, room 224 or placed in the mailbox.
6. Attach to the front of your application, the list of teachers that you gave recommendation forms to. Only one copy of this list is needed.
7. Turn in one - (1) copy of your completed application package (application, essay and transcript) to College and Career Room, room 224 by Thursday, March 7, 2019.
8. If you are awarded a scholarship you are expected to provide Stratford PTSA the name and address of the school you are attending by Friday, May 24th. If you do not, the funds will be allocated to another student.

2019 PTSA Senior Scholarships Teacher Recommendation Form

Student's Name: _____

Faculty Name: _____ Date Received: _____

The Stratford PTSA awards \$1,000 scholarships to members of the senior class. We would appreciate your assistance in our selection process. If you would complete the brief survey below and return it to **College and Career Room** or to **Mrs. Shock or Mrs. Autry's Mailbox, by Thursday, March 7th, 2019**; we would greatly appreciate it. You may use the back of this form if you wish to make additional comments. This evaluation is confidential - the student will not receive a copy.

1. How long have you known this student?
2. In which courses did you teach this student?

Please circle the number that best describes this candidate.

		Strongly Agree	Agree	Don't know	Disagree	Strongly Disagree
A.	This student demonstrates academic motivation and performance.	5	4	3	2	1
B.	This student demonstrates dependability.	5	4	3	2	1
C.	This student demonstrates honesty and integrity.	5	4	3	2	1
D.	This student actively participates in the classroom.	5	4	3	2	1
E.	This student is a leader in the classroom and in extracurricular activities.	5	4	3	2	1
F.	This student is emotionally mature.	5	4	3	2	1

You may use the back for additional comments if you wish. Thank you for your help with the Senior Scholarship selection.

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Faculty Name: _____ Date Received: _____

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E.	This student is a leader in the classroom and in extracurricular activities.	5	4	3	2	1
F.	This student is emotionally mature.	5	4	3	2	1

You may use the back for additional comments if you wish. Thank you for your help with the Senior Scholarship selection.