**2018-2019 PTSA Senior Service Scholarship Application**

Name:

Home address:

Home phone number:

Email:

Parent/Guardian Names:

*By signing, I do hereby confirm that the information I have provided is truthful, that my current GPA meets or exceeds the minimum of 80, and that I am (or my family is) a member of the Centennial HS PTSA as required by the rules of this scholarship.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**PART 1: DESCRIPTION OF SERVICE**

Using the attached table (you may use more than one if necessary and reformat as needed for space), complete all of the information for each of the service-oriented opportunities in which you have participated during your high school years. The number of service opportunities will vary between students. The quality, depth and leadership roles of your service will be considered to be as important as the total number of the opportunities cited.

**PART 2: PERSONAL ESSAY**

Pick one of the service activities from Part 1 and, in your own words, typed on a separate document, explain the following:

1. Why and how you chose to serve with the given organization?
2. How you believe your contributions to this organization have impacted the individuals you served and your community as a whole?
3. What you have learned from this opportunity to serve (i.e. How have you grown, would you choose to serve again, how has it affected your future volunteer plans, etc.)?

**PART 3: PERSONAL INTERVIEW**

The applicant MAY be required to appear for a personal interview in front of the review committee.

***Note: Part 1: Description of Service and Part 2: Personal Essay must be typed (both parts) and submitted to the front office in an envelope marked, “PTSA Scholarship” by Friday, March 1, 2019 at 3:30pm. For question, please contact Amy Pauls, PTSA Scholarship Committee Chair, amypauls@me.com.***

****

**Senior Volunteer Scholarship Application**

**2018-2019**

|  |
| --- |
| **PART 1: DESCRIPTION OF SERVICE****Table** |
| *Name, Address, Telephone Number of Organization* | *Title/Position/Description of Duties and Personal Responsibilities* | *Estimated Total Number of Hours (per project or Week/Month/Year)* | *Est. Number of People Served* | *Description of Leadership Duties* *(If any)* | *Name/Signature/Contact Number of Supervising Adult from the org.**(non-relative if possible)* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |