

**15th DISTRICT PTA SCHOLARSHIP APPLICATION
POSTMARKED DEADLINE: MARCH 25TH, 2012**

Section I:

Student's Name (full name): _____

Home Address: _____

Date of Birth: _____

Home telephone: _____

Social Security #: _____

Email address: _____

You will be notified by email of receipt of application

Father's name (if living): _____

Address: _____

Occupation: _____

Place of Work: _____

Mother's name (if living): _____

Address: _____

Occupation: _____

Place of Work: _____

High School Attended: _____

PTSA member: yes _____ no _____ (Student must be a member of the PTSA by 03-15-12)

PTSA President's Name (full name) _____

(PTSA President please verify that student is a PTSA member of the school by 03-15-2012)

(Please verify: _____ **)**

President's Signature

Section II:

A. List all adults/children in the home, giving name / age / school, if any:

1. _____
2. _____
3. _____
4. _____
5. _____

B. Estimated net annual income (including child support/ student income, if any):

Father income: \$ _____
Mother income: \$ _____
Other income: \$ _____
Total income: \$ _____

C. Grade point average: _____ (Attach a copy of your transcript)

D. College you plan to attend:

Name: _____
Address: _____
Website: _____
Phone #s: _____

E. Has the above college accepted you? Yes _____ No _____

Section III:

A. Write a short autobiographical sketch on a separate sheet of paper including the following: (in typing -12 font size – double spaces)

- 1. Explain why you wish to attend college.**
- 2. Explain why you need a scholarship.**
- 3. In what field of work do you plan to enter upon graduation from college? (Including other scholarship, financial aid and/or grants awarded to you with the total dollar amount.)**
- 4. Explain what you hope to do when you graduate from college.**

B. Attach three (3) letters of recommendation from your school, church, community leaders, employers, etc... One letter of recommendation must be from your current high school principal or senior counselor.

D. Attach a recent photograph of yourself.

(All the above information will be considered personal and confidential)

To the best of my knowledge, all information contained herein is accurate and true.

Applicant signature & date: _____

Parent/Guardian signature & date: _____

School Senior Counselor signature & date: _____

Please attach picture in the space below:

Please return the application to:

15th District PTA
B. Fischer,
Scholarship Coordinator
319 South 15th Street
Louisville, KY 40203
502-485-3535 / 969-8371
b1u3fisch@gmail.com

All blanks/questions must be filled, do not staple, & application must be complete and meet all requirements in the order for the application to be considered!

Do not send by registered mail!

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