Har-Ber High School PTSO

Scholarship Application

The members of the Har-Ber High School PTSO are pleased to award a non-renewable $500 scholarship to a graduating senior to be used toward post-secondary education.

Student name: Please put your name on the BACK of this form

Cumulative GPA \_\_\_\_\_\_\_\_\_ (Attach a copy of transcript)

ACT Test Score \_\_\_\_\_\_\_\_\_(Attach a copy of test scores)

Two letters of recommendation: One letter from a Har-Ber teacher and another from an acquaintance other than a family member.

Name of Teacher Subject

Name of Acquaintance Relationship to Applicant

Short Response: Attach a typewritten response (less than half a page) telling us about yourself – background, interests, and the reason you are applying for the scholarship.

DO NOT PUT YOUR NAME ON THE PAGE.

Essay: Attach to this application a typewritten essay of approximately 500 words answering one of the following questions. DO NOT PUT YOUR NAME ON THE PAGE.

1. What do you consider the single most important societal problem and why?
2. Pick an experience from your own life and explain how it has influenced you and your development.
3. How has your family background affected the way you see the world?

Work Experience: Using only the space below, please list your paid work experience, during the past four years, beginning with your most recent position.

Employer

Contact Name/Phone Nature of Work Employment Dates Hr/wk

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School Activities : Using the space below, list extracurricular activities in which you have participated during the past four years (9th to 12th grade)

Activity Years Involved Awards & Recognition, Leadership Held

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Community Activities: Using the space below, list community and religious activities in which you have participated during the past four years (9th to 12th grade)

Activity Years Involved Awards & Recognition, Leadership Held

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Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:

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Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Return the application to the Counseling Center by March 13, 2015.**

**Attach**

\_\_ Transcript (YOU MUST REQUEST)

\_\_ ACT scores

\_\_ Letters of recommendation

\_\_ Short response

\_\_ Essay