# Gadsden City High School PTSO \* Parent Teacher Student Organization College Scholarship Application \* 2018

We are delighted you are applying for the GCHS PTSO scholarship application. We are very interested in learning more about you and how we might help you succeed in achieving your future educational goals. Your comments will assist us in getting to know you better and evaluate your merit in attaining one of our scholarship offerings for your continuing education. We appreciate the thought, time and effort you as you complete the enclosed application.

Best Wishes

Gadsden City High School PTSO Scholarship Committee

<u>Please drop off your completed scholarship application and supporting materials with recommendations to the Gadsden City High School Guidance office, attention Richelle Williams.</u>

Winners will be notified by the PTSO president.

### **Application submission requirements:**

- You must be enrolled as a current GCHS student (full time student, senior only);
- You must have an overall cumulative GPA of 3.0 or higher at the time of application;
- Your parent(s)/legal guardian must be a current member of the GCHS PTSO.

## Application and Checklist DUE Friday, May 4, 2018. No Exceptions!

To be considered for this scholarship, the PTSO must receive the following items by May 4:

- Completed application (pages 2 5)
- Copy of all high school transcripts (non-GCHS students are ineligible for application)
- GCHS Teacher evaluation and comments (may also be a mentor, advisor, coach, etc.) Submit one recommendation only (use the attached Form 1, page 4)
- Personal statement (described on page 5)

#### Applications are reviewed on the basis of the quality of:

- 1) Personal statement and other information contained within this application
- 2) Extracurricular and leadership activities
- 3) Class Performance (grades)
- 4) Teacher's recommendation and evaluation
- 5) High school courses taken

<sup>\*\*</sup> Total number of scholarships awarded will be determined at the end of the school year based on funding. Each scholarship award presented will help defer college related fees only and will be payable directly to the school of applicant's choice.

# **TYPE OR PRINT CLEARLY:**

| Applicant's Legal Name:   |
|---|
| Address:  |
| Telephone: Cell Phone:  |
| Email:  |
| Father's Information:   |
| Father's Name:Address and phone contact (if different than applicant):                              |
| Mother's Information:   |
| Mother's Name:Address and phone contact (if different than applicant):                              |
| Certification:  |
| I certify that the information on this application is accurate and complete and of my owr creation. |
| Signature of applicant:   |
| DATE:   |
| Signature of parent or legal guardian:  |
| DATE:   |
| List previous attended high schools and dates of attendance:  |
| Are you employed (paid or a volunteer)?; if so for how long and describe your responsibilities:     |
| Which colleges or universities have you applied for and/or been accepted?                           |

Please check all that apply and the high school year you were active in the organization.

| Club Activity  | Specify activity, sport or name of organization | Freshman | Sophomore | Junior | Senior |
|--|---|----------|-----------|--------|--------|
| Academic Team  |   |          |           |        |        |
| Academic Club Officer                                |   |          |           |        |        |
| Academic Club Member                                 |   |          |           |        |        |
| Athletic – Intramural or Club Sports                 |   |          |           |        |        |
| Athletic – Most Valuable Player Award                |   |          |           |        |        |
| Athletic – Varsity Team Captain                      |   |          |           |        |        |
| Athletic Team(s)                                     |   |          |           |        |        |
| Boy or Girl Scouts                                   |   |          |           |        |        |
| Cheerleading   |   |          |           |        |        |
| Religious Organization member/leader                 |   |          |           |        |        |
| Class Officer (list office)                          |   |          |           |        |        |
| Dance Team   |   |          |           |        |        |
| DECA   |   |          |           |        |        |
| Dramatics, Theater                                   |   |          |           |        |        |
| Leadership Conference                                |   |          |           |        |        |
| Leadership or Service Award                          |   |          |           |        |        |
| Multicultural or Ethnic Organization                 |   |          |           |        |        |
| Music – Band, Color Guard (Music instrument played): |   |          |           |        |        |
| Choir  |   |          |           |        |        |
| National Honor Society Member                        |   |          |           |        |        |
| National Honor Society Officer                       |   |          |           |        |        |
| Newspaper Staff Member                               |   |          |           |        |        |
| Research, Co-op, or internship program               |   |          |           |        |        |
| Service Organization Member                          |   |          |           |        |        |
| Speech-Debate  |   |          |           |        |        |
| Forensics  |   |          |           |        |        |
| Student Government Representative                    |   |          |           |        |        |
| Yearbook Staff                                       |   |          |           |        |        |
| Other (please list)                                  |   |          |           |        |        |
|  |   |          |           |        |        |

Attachment (Form 1) – Gadsden City High School Teacher (or mentor, advisor, coach) Evaluation:

STUDENT NAME: \_\_\_\_\_

Please complete this form with letter of recommendation and return them, sealed, to the Richelle Williams by May 4 2018.

| How long have you known this student?   |               |             |               |         |               |
|---|---------------|-------------|---------------|---------|---------------|
| In what capacity?   |               |             |               |         |               |
| Check the most appropriate (with 5 being the high the lowest – MARGINAL)  | ghest         | <b>–</b> OL | JTST <i>A</i> | ANDIN   | IG; 1 being   |
|   | 1             | 2           | 3             | 4       | 5             |
| Creative, original thought  |               |             |               |         |               |
| Academic motivation   |               |             |               |         |               |
| Independence, initiative  |               |             |               |         |               |
| Intellectual ability  |               |             |               |         |               |
| Academic achievement  |               |             |               |         |               |
| Academic potential  |               |             |               |         |               |
| Classroom involvement   |               |             |               |         |               |
| Leadership qualities  |               |             |               |         |               |
| Emotional maturity  |               |             |               |         |               |
| ·   |               |             |               |         |               |
| Overall   |               |             |               |         |               |
| Please evaluate this applicant based on academic performance personal characteristics are of interest as they relate to the potential to succeed.  Include any special circumstances relevant to this studential. | he app        | olicant     | 's acad       | demic   | ability and   |
| Please attach a separate sheet with your recomment to the back of this form.  | <u>ndatio</u> | n and       | l othei       | r comi  | ments stapled |
| GCHS teacher name and title (please print):   |               |             |               |         |               |
| Signature:  |               |             |               |         |               |
| Thank you for your time and professional judgment   | in eva        | aluatir     | ng this       | s appli | icant.        |

#### **Personal Statement:**

Please provide a personal statement (maximum of two pages, double-spaced, separate sheet) to present yourself in a way that your high school transcript, test scores and letter of recommendation cannot, using two of the criteria below (four available to choose from). This is your opportunity for you to express your creativity and your own sense of who you are, who you want to become, and perhaps why we should consider you for this PTSO scholarship opportunity over others who may apply.

- Discuss a meaningful achievement, experience, ethical dilemma, or challenge you have faced and its effect on you and your future.
- Describe your short-term and long-term goals. Explain how your extracurricular activities relate to these goals.
- How would your best friend describe you and why?
- A topic of your choice (leadership, volunteerism, school or work-related achievements are suggested topics)

| Before you submit this application, please check that you have included the following: |
|--|
| Application pages 2-4  |
| Signed Certification page 2  |
| Personal Statement   |
| Teacher Evaluation – Attached Form 1   |
| Teacher Recommendation Letter  |
| Transcript provided by guidance dept.  |

Checklist