

Lakewood Council of PTAs
Scholarship Committee
1470 Warren Road
Lakewood, Ohio 44107



Academic Scholarship Application 2009

IMPORTANT:

- Return completed application to the Guidance Center **by 3:00 p.m., Thursday, April 2, 2009.**
- Attached reference forms are to be returned to the Guidance Center by the individual completing the form. One is to be completed by a teacher and one by an adult other than school personnel or relatives.
- Please print or type all information on this application.

Name: _____

Home Address: _____

Age: _____ Phone Number: _____

Father's/Guardian's Name: _____ Phone Number: _____

Mother's/Guardian's Name: _____ Phone Number: _____

Names, addresses and phone numbers of attached references:

1. _____

2. _____

By my signature, I agree to the release of my high school transcripts to the Lakewood Council of PTAs Scholarship Committee.

Signature of Applicant

Signature of Parent/Guardian

I understand that if I am granted and accept this scholarship, it is my intention to attend a four year college or university, full-time, to obtain a bachelor's degree.

Signature of Applicant

Signature of Parent/Guardian

Lakewood Council of PTAs Scholarship Application

Father's/Guardian's Occupation: _____

Place of Employment: _____

Mother's/Guardian's Occupation: _____

Place of Employment: _____

Current PTA Membership at: _____

Names and ages of brothers and sisters: _____

If sibling is attending college, vocational or technical schools, please name school:

How do you plan to finance your education? _____

List any financial aid, grants or scholarships you have applied for and/or been awarded:

To which schools have you applied? _____

To which schools have you been accepted? _____

Which school is your first choice? _____

Which field of study do you plan as your major? _____

(Attach a separate sheet, if necessary.)

ACADEMIC EXCELLENCE

Describe any special awards or recognition you have received.

EXTRACURRICULAR SCHOOL ACTIVITIES

List all activities and offices or positions held, including years of participation.

COMMUNITY INVOLVEMENT

Describe any volunteer work you have done, including years of participation.

WORK EXPERIENCE

Describe any work experience you have, including summer employment. Include number of hours worked per week.

Please answer the following two questions on a separate sheet of paper. *Remember to print or type your responses.*

QUESTION 1. Please write several paragraphs outlining your educational/career goals.

QUESTION 2. Please write several paragraphs answering the following question: If you could change one thing in today's world, what would it be and why?

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Outside Reference

Important: Please return this form directly to the Guidance Center, Lakewood High School, 14100 Franklin Blvd., Lakewood, OH 44107, **by 4:00 p.m. on Wednesday, April 1, 2009**, or the application will be incomplete and the student will not be considered for the scholarship. Thank you.

NAME OF STUDENT: _____

How long have you known the applicant? _____

How are you acquainted with the applicant? _____

Please indicate your personal rating of the applicant by checking the appropriate box:

	Excellent	Very Good	Good	Fair	Poor
PERSONALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHARACTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe applicant's strengths: _____

Please describe applicant's weaknesses: _____

You may give specific information regarding the above ratings based on your personal relationship with this applicant. (If you are the applicant's employer, please include work record.) Continue on the back of this sheet or attach a separate sheet, if necessary.

Signature

Date

Name _____

(please print)

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Teacher Reference

Important: Please return this form directly to the LHS Guidance Center, **by 4:00 p.m. on Wednesday, April 1**, or the application will be incomplete and the student will not be considered for the scholarship. Thank you.

NAME OF STUDENT: _____

How do you know this student? _____

In your opinion, does the applicant have the aptitude for college? Explain.

Has the applicant maintained a definite and sincere interest in his/her studies? Rate the effort: (1) little; (2) average; (3) strong. Explain. _____

Please indicate your personal rating of the applicant by checking the appropriate box:

	Excellent	Very Good	Good	Fair	Poor
SCHOLARSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHARACTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe applicant's strengths relative to your class: _____

Please describe applicant's weaknesses relative to your class: _____

You may provide any further information that may be helpful to the committee on a separate sheet. Please include any recognition the applicant has received in school and/or community.

Signature

Date

Name _____ (please print)

LAKWOOD COUNCIL OF PTAs SCHOLARSHIP COMMITTEE ACADEMIC SCHOLARSHIP POLICY

Eligibility requirements for this scholarship are:

- A. Lakewood resident;
- B. Graduating Lakewood High School senior;
- C. 3.0 minimum grade point average;
- D. Must have applied or been accepted to a 4-year college or university full-time for the purpose of obtaining Bachelor's Degree; and
- E. Parent or guardian must be a current member of a Lakewood PTA unit.

Criteria for granting this scholarship are:

- A. Essays (two essays are required);
- B. Grade point average;
- C. Extracurricular activities, community involvement and/or work experience;
- D. Recommendations (two recommendations are required);
- E. Preparation of application (completeness, spelling, grammar, neatness, etc.)

In addition, finalists will be interviewed by the Scholarship Committee.

Scholarship applications must be completed and returned to Guidance Center by the date listed on the application. **NO EXCEPTIONS.**

A parent or legal guardian must sign application and the required number of recommendation sheets must be completed.

The recipients will be notified as soon as possible upon interview completion.

The amount of the scholarship will be determined each year by the Lakewood PTA Council Scholarship Committee. The award(s) will be presented in May at the PTA Council Installation and Awards Ceremony. You and your parents are invited to attend.