**JC Carson PTA Scholarship**

**Application**

**Instructions:**

* Complete this application as a Word document.
* **After completing the application, print it, sign it, and submit it to your school guidance department by Wednesday, May 9, 2018**
* Incomplete applications will not be considered.
* Include an essay (no more than 500 words) describing a difficult or adverse situation that you encountered and how you overcame the situation
* Recommendation letter from teacher, counselor or advisor.

**Name:**

**Email:**

**Mailing Address:**

**Telephone # (Permanent):**

**Telephone # (Cell):**

**Date of Birth**:

**List of Colleges to which you have been accepted:**



**Father’s Name & Occupation:**

Employed by:

**Mother’s name & occupation**:

Employed by:

**Will both parents contribute to your college expenses**?

**Describe below the following information about siblings: name, age, if s/he is attending college next year, if s/he has scholarship support, and any comments relative to the financial impact.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of sibling | Age | Attending college next year | Scholarship support for that sibling | Comment |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**List other scholarships applied for:**



**List jobs you have held and/or are holding:**

**List your extracurricular activities (including leadership) during high school:**



**List honors received during high school:**



**Describe your community service, including required school-based community service projects or attach your Crosby Scholar community service form (senior year):**



Attach the following required documents to this application:

1. Transcript of your high school record.
2. Letter of recommendation from guidance counselor, principal or teacher

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

Signature of Guidance Counselor Date

APPLICATION AND INFORMATION RELEASE STATEMENT

To the best of my knowledge, the information provided in my application is complete and accurate. I understand that false statements on my application will disqualify me from receiving the scholarship. I give permission for any college or school to release to the Helen S. and Julius L. Goldman Foundation any information necessary to process my scholarship application.

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

Signature of Applicant Date