

**ROBERT FROST ELEMENTARY SCHOOL PTA
SPIRIT OF COMMUNITY SCHOLARSHIP AWARD**

Application Form

The purpose of the Robert Frost Elementary School Spirit of Community Scholarship Award is to recognize a student's commitment to service and community spirit by providing a scholarship award to a student who has demonstrated a strong commitment to his/her community.

Part A

Name: _____
(First) (Middle) (Last)

Home address: _____
(Street, Apt. No.) (City) (Zip)

Home Telephone Number: _____

Parent's/Guardian's Name(s): _____

Grade(s) Attended Robert Frost: _____ Year(s) of Attendance (e.g., 2006) _____ - _____

Part B

Graduating High School: _____

Principal's Name: _____ Telephone Number: _____

Counselor/Advisor: _____ Telephone Number: _____

Grade Point Average (GPA): _____

Please list all universities, colleges, 2-year accredited colleges, or technical schools where you have applied and been accepted for admission:

Name of Institution

Part C – Activities & Achievements

(Please attach additional sheets, if necessary)

1. Community Involvement (list no more than five and describe your role):

2. School Activities (list activity and year of participation as well as any leadership positions or offices held – list no more than five):

3. Other Activities & Participation (list other activities in which you have participated that further exhibit your school/community involvement):

4. Academic Honors & Achievements (list no more than five):

5. Future Plans (briefly share both your educational plans and career goals):

Part D – Essay/Recommendations/Resume

1. Please attach an essay of no more than 250 words explaining **“What the spirit of community means to you and how you have demonstrated this in your own life.”**
2. Please attach a recommendation from an individual who knows you and would be willing to recommend you for this scholarship award. The recommendation can be in any format.
3. Please attach a copy of your resume.

Part E – Authorization

I hereby submit to the Robert Frost Elementary School Spirit of Community Scholarship Award committee the completed application for consideration and review as a candidate for a scholarship award. To the best of my knowledge and belief, the statements made herein are true and accurate.

Signature of Applicant

Date

I have read the foregoing statements and to the best of my knowledge and belief, these statements, including current Grade Point Average (GPA) are accurate and correct.

Signature of High School Counselor/Advisor

Date

**Applications should be received no later than the
deadline set by your Guidance Office**

Please submit applications to:

Your high school Guidance office