

# **BOLTON HIGH SCHOOL PTSA APPLICATION FOR SCHOLARSHIP 2016**

**THIS APPLICATION MUST BE RETURNED TO  
DARLA SISK, COLLEGE & CAREER COUNSELOR  
ON OR BEFORE APRIL 28<sup>TH</sup> .**

- **Purpose of Scholarship**

The Bolton PTSA established, and has maintained the Scholarship Fund to give financial assistance to Bolton High School graduating seniors who need additional help in obtaining a bachelor's degree.

- **Value**

Each scholarship provides a one-time \$250 non-renewable award.

- **Requirements for Scholarship**

Applicant must be a graduating Bolton High School senior who is a PTSA member.

- The applicant will be considered on the following points:
  - Academics
  - Sincerity of purpose/personality
  - Motivation
  - Community involvement
  - Recommendations
- Two (2) copies of the application must be submitted to Darla Sisk, Bolton High School College & Career Counselor. The complete packet must include the following:
  - Application form
  - Principal/Guidance Counselor Report Form
  - Two (2) recommendations from reputable citizens
  - Transcript copy of grades
  - Two (2) copies of all materials

- When the review process is completed, a letter from the president/chairman of the Scholarship Committee will be sent to the recipient and principal. A letter informing the college/university of the award and a check will be mailed by the Bolton High School PTSA as soon as registration is complete.

**BOLTON HIGH SCHOOL PTSA**  
**APPLICATION FOR SCHOLARSHIP 2016**  
**ANY APPLICATION THAT DOES NOT MEET THE STATED CRITERIA WILL BE**  
**DISQUALIFIED WITHOUT EXCEPTION.**

**STUDENT INFORMATION**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone : ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Place of Birth (*city and state*): \_\_\_\_\_

Applicant lives with (*check all that apply*)

Both Parents     Mother     Father     Other \_\_\_\_\_

Parent Name (*or guardian*): \_\_\_\_\_

Parent Name (*or guardian*): \_\_\_\_\_

Address (*if different than above*): \_\_\_\_\_

If not living with both parents, state reason: \_\_\_\_\_

Siblings living at home: Brother(s) \_\_\_\_\_ Age(s): \_\_\_\_\_ Sister(s) \_\_\_\_\_ Age(s): \_\_\_\_\_

If any of these siblings are currently enrolled in college, please check the year attended:

1     2     3     4     5+

**COLLEGE INFORMATION**

Name of College or University attending: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Begin: \_\_\_\_\_, 20\_\_\_\_ Expected Completion of Degree: \_\_\_\_\_, 20\_\_\_\_

Name of Degree Sought and Major Field of Study: \_\_\_\_\_

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*ADDITIONAL INFORMATION*

State your reasons for needing and/or desiring this scholarship (***\*to further enhance consideration, one additional page may be included with application***). \_\_\_\_\_

\_\_\_\_\_

Activities (*school and community*). Please include offices, memberships in organizations, and participation in other activities you feel are important. \_\_\_\_\_

\_\_\_\_\_

What is your intended field of study? \_\_\_\_\_

\_\_\_\_\_

State why you chose that field of study: \_\_\_\_\_

\_\_\_\_\_

***Letters of recommendation from two (2) reputable citizens*** are required along with this ***application***, the ***principal/guidance counselor report***, and ***transcript of grades***.  
Return all forms (copied 2 times) before April 28<sup>th</sup> to:

Darla Sisk  
Bolton High School  
7323 Brunswick Road  
Arlington, TN

***I certify that the information given above is complete and accurate.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## PRINCIPAL/GUIDANCE COUNSELOR REPORT

THIS REPORT IS TO BE COMPLETED BY SCHOOL AUTHORITY AFTER APPLICATION IS COMPLETE

This reference is completed from:

Personal Knowledge       Report of Others       Official Records

### ▪ Academics

Number in Class \_\_\_\_\_ Applicant's Rank \_\_\_\_\_ GPA \_\_\_\_\_

ACT Test Score (*composite*) \_\_\_\_\_ SAT Test Score \_\_\_\_\_

Average High School Attendance \_\_\_\_\_ Reasons for Absences \_\_\_\_\_

Has this student taken the normal college preparatory courses?  Yes       No

### ▪ Character (please rate each of the following as **Excellent**, **Good**, **Average** or **Poor**)

Social Maturity    E G A P    Reliability                    E G A P

Initiative            E G A P    Dependability                E G A P

Loyalty                E G A P    Courtesy                        E G A P

Thoroughness    E G A P    Cooperation                    E G A P

Neatness             E G A P    Influence on others        E G A P

Do you believe the student has a reasonable expectation for success in college? E G A P

### ▪ Motivation

Has the student expressed a desire to work in intended field? \_\_\_\_\_

Do you think the student will be successful? Give reasons: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

The Principal/Guidance Counselor is requested to review this report, the application, applicant's grades, and the letters of recommendation with the applicant prior to mailing. A transcript copy of the applicant's grades MUST accompany the application.

Note: The committee chooses the scholarship recipients immediately after April 28; therefore, no applicant will be considered if the application blanks are not complete with ALL requested information or if all forms are not included (principal/guidance counselor report, applicant form, grade transcript, and two additional letters of recommendation – copied 2 times). **Applications received after this date or incomplete applications will be disqualified.**