# EVANGELINE J. SANSOME SCHOLARSHIP APPLICATION 2016-2017

P.O. Box 35444 in Louisville KY 40232-5444 \* (502) 485-3535 \* [www.15thDistrictPTA.org](http://www.15thDistrictPTA.org/)

**THIS SCHOLARSHIP CAN BE USED ONLY ON TUITION!**

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Section I:

Student's Full Name:

Home Address:

Home Telephone: ( \_)

Cell Phone #: ( )

Social Security No.:

Email Address:

Father's Name (If Living):

Address:

Name of Employer & Occupation:

Mother's Name (If Living):

Address:

Name of Employer & Occupation:

Guardian or other provider: Name Address: Employer & Occupation:

High School Now Attending: PTSA Member: Yes ( ) *\*Membership is a requirement*

PTSA President Signature verifying your membership in the school's PTSA by 03/15/2017.

PTSA President Signature Printed Name

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Section II

1. List all adults/children in the home, giving name, age, and school, if any.

1.

2.

3.

4. List on a separate sheet, if more space is needed.

1. Estimated net annual Income (including child support/student income, etc.)

B1. *U*\*Attach 2015 tax return- Front Page\* Father's Income: $ Mother's Income: $ Student's Income: $ Guardian: $ Any Other Income: $ TOTAL: $

1. Grade point average: (Transcript must be attached)

*(\*Minimum 2.7 GPA Required)*

1. College you plan to attend:

Name: Address: Website: Phone Number:

1. Has the above college/university accepted you?

Section III:

1. Write an autobiographical sketch on a separate sheet of paper including the following: *(Typed, 12 point font and double spaced)*
   1. Why you wish to attend college.
   2. Why you need a scholarship.
   3. What field of work do you plan to enter/what you hope to do when you graduate from college?
   4. List what honors or awards you have received.
   5. What leadership opportunities you have had.
   6. Service contributions or community involvement.
   7. Employment, if any.
   8. Clubs or organizations.

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1. Attach three (3) letters of recommendation. One (1) from school, which should be the senior counselor or principal. Two (2) from church or community leader, mentors or employer.

To the best of my knowledge, all information contained herein is accurate and true.

Applicant Signature and Date:

Parent/Guardian Signature and Date:

School Senior Counselor Signature and Date:

By signing this application, you are giving permission to have your name appear publically if you are awarded a scholarship.

*U****(All the information contained in this application will be considered personal and confidential.)***

Attach photo here:

Please return application by U.S. Mail, postmarked no later than March 15, 2017. Do not send by certified mail as we do not have anyone to sign for them.

Mail to: 15th District PTA

Attn.: Scholarship Chairperson P.O. Box 35444

Louisville KY 40232-5444