

STUDENT SCHOLARSHIP APPLICATION

GENERAL INFORMATION:

Name: _____ DOB: _____

Student ID/Social Security No.: (Account of Identity theft, Student ID's are assigned to protect the student's personal identifying information.) _____

Address: _____

Phone Number: _____ E-mail: _____

Cell Number: _____

Name of College you are planning on attending _____

School Profile: GPA: _____

PGNA Residency: Number of years: _____

Positions held on PGNA Board or Committee (self or family member):

1: _____ 2: _____

3: _____ 4: _____

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VOLUNTEER EXPERIENCES:

Please list up to four (4) instances of your most meaningful volunteer experiences during the last four years. Please explain each experience in one paragraph or less.

1. Date(s): _____ Volunteer Organization: _____

2. Date(s): _____ Volunteer Organization: _____

3. Date(s): _____ Volunteer Organization: _____

4. Date(s): _____ Volunteer Organization: _____

LEADERSHIP ROLES:

Please list below the roles that you have taken in any clubs or organizations that you are involved in. Please list both school organizations and community organizations. Use only the space provided.

EXTRA-CURRICULAR:

Please list below organizations/professional organizations that you have been involved with in and outside of school. You may also list here outside activities that you take part in. Use only the space provided.

1. Organization/Activity/Date(s):

2. Organization/Activity/Date(s):

3. Organization/Activity/Date(s):

4. Organization/Activity/Date(s):

Please list below any awards that you have received in the last four years.

EMPLOYMENT:

Please list below your employment history for the last two year period. If you have not been employed, please explain:

Business Name (Month/Year)	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATIONAL GOALS:

What is your proposed field of study and future career plans?

EXTENUATING CIRCUMSTANCES:

Please describe briefly any special circumstances which you feel may have had an impact on your family's financial situation.

I understand that if I am chosen to receive a scholarship, my final approval is contingent upon the successful completion of my high school requirements and/or successful application of college/graduate school admission prior to August of 2010. If I do not meet the requirement, I relinquish any right to the PGNA scholarship. I also understand that I must be enrolled in a college, university or technical school no later than the fall semester of the school year after (high school) graduation or forfeit the PGNA scholarship. All information that I have provided is true and accurate.

Signature of Applicant Date

Signature of Parent or Guardian if not an independent student Date