

# **ORANGE COMMUNITY COUNCIL of PTAs HIGH SCHOOL SENIOR SCHOLARSHIP APPLICATION**

The Orange Community Council of PTAs (OCCPTA) is pleased to offer a scholarship program for graduating seniors. This scholarship is for continuing education at a four year College or University, a Community College or a Trade/Technical school. This award recognizes the achievements of students for volunteer service in the school and/or community.

The amount of each scholarship and the number of scholarships awarded will vary each year. The minimum award will be \$500, but could be more.

## **ELIGIBILITY**

- You must be a graduating senior at an Orange Unified School District (OUSD) high school in the current year.
- You must be a member of your high school's PTSA by December 31st of the current school year. If you are not a current member of your high schools PTSA, you must join.

## **EVALUATION CRITERIA (listed in alphabetical order):**

- GPA (2.5 or above)
- School activities
- Service to PTA
- Service to Community and/or work experience

## **TO APPLY**

Please complete application including essay, record of extra-curricular activities and reference. Your parent or guardian must sign the application. Your PTSA president or membership chairperson must verify your membership in the space provided on the application or attach a copy of your PTSA card.

Mail the application and all attachments to **OCCPTA Senior Scholarships c/o OUSD, PO Box 4128, Orange, CA, 92863-4128** and ***postmarked no later than April 1st***. Please do not send your applications "Return Receipt Requested", Certified Mail or requesting Signature Confirmation, since there is no one to sign for the packages and this method delays receipt of your applications by the committee.

## **NOTIFICATION**

OCCPTA will contact all successful applicants by mail no later than April 30. The decision of the OCCPTA Scholarship Committee is final.

## **PAYMENT OF AWARD**

The award payment will be sent directly to the successful applicant upon verification of acceptance at an institution of higher education. In order to receive your scholarship during your high school's senior awards ceremony, we must receive verification of acceptance by May 7, otherwise the award will be mailed to the address listed on your application. A scholarship award may be revoked if the student is subject to severe disciplinary action such as suspension or expulsion, or if the student fails to enroll in an institution of higher education.

## **QUESTIONS**

If you have any questions about the OCCPTA Scholarship Program, or wish to confirm receipt of your application, please contact the current Scholarship Chairman listed on our website at: [www.occ-pta.org](http://www.occ-pta.org). Please type or print in black/blue ink. Be as complete as possible. Attach additional pages if necessary.

## **ELIGIBILITY FOR SCHOLARSHIP**

# **ORANGE COMMUNITY COUNCIL of PTAs HIGH SCHOOL SENIOR SCHOLARSHIP APPLICATION**

- Applicant must be a graduating senior of an OUSD high school in the current school year.
- GPA (2.5 or above)
- Applicant must be a member of the PTSA of the high school from which he/she is graduating by December 31<sup>st</sup>. *Attach a copy of your PTSA card or have your PTSA President or Membership Chairman confirm PTSA Membership in the space provided on the front page of this application.*

**Completed application must be mailed to OCCPTA Senior Scholarships, c/o OUSD at PO Box 4128, Orange, CA 92863-4128, postmarked no later than April 1st.**

## **PART 1: GENERAL INFORMATION**

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

High School attending: \_\_\_\_\_

**Applicant meets minimum GPA requirements as verified by school counselor – GPA:** \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Applicant is a PTSA member as verified by PTSA President or Membership Chair:**

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

Printed Name: \_\_\_\_\_ PTSA Title: \_\_\_\_\_

## **PART 2: FAMILY NAME**

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

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

## **PART 3: APPLIED TO (Name of College/University/Vocational School Accepted – if known)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Major and/or Career Objective:**

---

---

---

# **ORANGE COMMUNITY COUNCIL of PTAs HIGH SCHOOL SENIOR SCHOLARSHIP APPLICATION**

## **PART 4: ACTIVITIES RECORD**

Complete the Record of Extra Curricular Activities form attached – Attachment A. Include only the activities in which you participated during high school. Please also include only volunteer community/school activities, not activities for which you were paid. If necessary, you may attach additional copies of the form.

## **PART 5: ESSAY**

On a separate sheet of paper, write a short essay, not to exceed one (1) page, about one of your volunteer service experiences. Explain why you chose that particular service, how it has influenced you as an individual, and the ways in which that experience has contributed to your goals.

## **PART 6: LETTER OF RECOMMENDATION**

Please attach one letter of recommendation that will help the Scholarship Committee learn more about you. **Please note:** Someone other than a relative must write this letter.

## **PART 8: EMPLOYMENT (if any)**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dates: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dates: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Duties: \_\_\_\_\_

## **SIGNATURES:**

***I verify that the information in this application is true and correct.***

_____ Student Signature	_____ Printed Name	_____ Date
_____ Parent's/Guardian's Signature	_____ Parent's/Guardian's Printed Name	_____ Date

**ORANGE COMMUNITY COUNCIL of PTAs  
HIGH SCHOOL SENIOR SCHOLARSHIP APPLICATION**

**Activity Name:** \_\_\_\_\_

**Grades/Years Participated:** \_\_\_\_\_

**Position or Office Held:** \_\_\_\_\_

**Hours per Week:** \_\_\_\_\_ **Weeks per Year:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_

**Awards:** \_\_\_\_\_

**Name, Address & Phone Number of Person or Organization who can verify:**

**Name of Person or Organization:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Describe Activity:**

---

---

---

---

**Activity Name:** \_\_\_\_\_

**Grades/Years Participated:** \_\_\_\_\_

**Position or Office Held:** \_\_\_\_\_

**Hours per Week:** \_\_\_\_\_ **Weeks per Year:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_

**Awards:** \_\_\_\_\_

**Name, Address & Phone Number of Person or Organization who can verify:**

**Name of Person or Organization:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Describe Activity:**

---

---

---

---

[illegible]