



Dana Hills High School PTSA

SENIOR SCHOLARSHIP

*This award recognizes the achievements of students for **volunteer service** in the school and/or community.*

The Dana Hills High School PTSA (DHHS PTSA) is pleased to offer a scholarship program for graduating seniors. This PTSA scholarship is to be used for continuing education at a four-year college or university, a community college or a trade/technical school. 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 Dana Hills High School in the current year.
- You must be a member of Dana Hills High School PTSA as of **March 1**.
- You must have a minimum overall GPA of 2.0.

TO APPLY

- Complete application including essay, record of volunteer service activities and reference. Your parent or guardian must sign the application.
- If you are not a current member of DHHS PTSA, you must join. You may attach a photocopy of your PTSA membership card in lieu of PTSA membership verification.
- The application and all attachments should be turned in to the Guidance Office or the PTSA mailbox in the main office on or before **March 31**. If March 31 falls on a weekend, the applications should be turned in on the prior Friday.

PAYMENT OF AWARD

Recipients will be notified at the Senior Awards Ceremony. The decision of the PTSA Scholarship committee is final. **Note:** A scholarship award may be revoked in the event the student does not maintain the required overall GPA of 2.0, 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 DHHS PTSA Scholarship Program, please contact Dana Hills PTSA at danahillsptsa@gmail.com.

Dana Hills High School PTSA
PTSA SCHOLARSHIP APPLICATION

APPLICATION TO BE COMPLETED BY STUDENT.

Please type or print in black ink. Be as complete as possible. Attach additional pages if necessary.
If you need assistance completing this form, please contact danahillsptsa@gmail.com

PART 1: GENERAL INFORMATION

Name _____

Address _____

City _____ Zip _____ Phone _____

Seven Semester G.P.A. _____ (Cumulative - excluding P.E.)

Verification of PTSA Membership (to be completed by PTSA)/(or attach copy of membership card)

Signature _____ Date: _____

Name and PTSA Title

PART 2: FAMILY INFORMATION

Father's Name _____

Mother's Name _____

You live with: (please circle) Father Mother Both Other _____

Number of additional children living at home _____ Number of siblings currently attending college _____

PART 3: POST HIGH SCHOOL PLANS

I have applied to:

Name of College/University/Vocational School

Accepted (if known) Yes or No

1. _____

2. _____

3. _____

4. _____

Major and/or Career Objective: _____

PART 4: 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, or the ways in which that experience has contributed to your goals.

PART 5: LETTER OF RECOMMENDATION

Please attach one letter of recommendation which will help the Scholarship Committee learn more about you. This letter may not be written by a relative, but should be someone familiar with your volunteer activities.

PART 6: TRANSCRIPTS

Attach a copy of your transcript that includes your grades through the end of the seventh semester of high school.

PART 7: ACTIVITIES RECORD

Complete the Record of Volunteer Service Activities form attached (Attachment A), including only the volunteer community / school activities in which you participated during high school, not activities for which you were paid. If necessary, you may attach additional copies of the form.

SIGNATURES

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

Signature Date Student's

Signature Date Parent's/Guardian's

ATTACHMENT A
RECORD OF VOLUNTEER SERVICE ACTIVITIES
(Print additional copies as needed.)

Activity Name:
Grade(s)/Year(s) Participated:
Position or Office Held:
Hours per Week:
Weeks per Year:
Awards:
Name, Address & Phone Number of Person or Organization who can verify:
Describe Activity:

Activity Name:
Grade(s)/Year(s) Participated:
Position or Office Held:
Hours per Week:
Weeks per Year:
Awards:
Name, Address & Phone Number of Person or Organization who can verify:
Describe Activity:

Activity Name:
Grade(s)/Year(s) Participated:
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