

Student Achievement Scholarship Official Application

COMPLETED APPLICATION IS DUE May 1, 2007

Please type or print all parts of this application. Contact the Project CARE office if you would like this form e-mailed to you. Indicate "N/A" if not applicable.

Personal Data (please print):

Student's Name: _____
Last *First* *MI*

Address: _____

City & State: _____ ZIP: _____ County: _____

Phone: _____ E-mail: _____ Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____ Age: ____ Sex: Male Female

Name of Parent(s)/Legal Guardian(s): _____

Academic Record:

Name of High School: _____ Phone: (____) _____

School Address: _____

Name of Principal: _____

School District: _____

Name and address of College/University/Technical School to which you have applied and/or have been accepted and plan to attend:

Name	Address	City/Town	State	Zip Code

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Planned student status (check one): Full Time Part Time

Beginning Academic Month/Year: _____

Anticipated Graduation Month/Year: _____

Major Course of Study (if known): _____

Attach Letter of Acceptance (Photocopy is acceptable)

Extracurricular Activities:

List clubs, activities, community and religious organizations in which you participate:

Student Essay:

Attach a typed essay of **at least 400 and no more than 500 words**. Your essay should include:

- a summary of major events and highlights of your life.
- a description of your involvement with the Student Assistance Program and how it has impacted your life.
- why you believe you should be selected to receive this scholarship

Contact Person:

Please list the name and telephone number of the person at your school to contact regarding your application:

Name: _____ Position/Title: _____ Phone: _____

Additional Documents Required for Application:

- _____ Official Transcript or certified school copy of your most recently completed academic year and a certified school copy of your most recent report card.
Please make sure current GPA information appears on your transcript.
- _____ One (1) letter of recommendation from the SAP team and/or SAP Coordinator including a narrative on the specific SAP services provided.
- _____ Two other letters of recommendation from **non-relative** teachers, employers, counselors, clergy, sponsors, etc. of your choice.
- _____ Letter of acceptance from College/University/Technical School which you plan to attend

Certification:

I certify that all information contained herein, attached or items to be forwarded upon request, is correct to the best of my knowledge. If chosen as a scholarship recipient, I give permission for my name to be publicly acknowledged as such.

Signature of Applicant: _____ Date: _____

It is the policy of Project CARE to issue checks payable to the scholarship recipient and to the college/university/technical school upon proof of enrollment.

Please mail (do NOT fax) original and one (1) copy of typed application and attached documents to:

**Project CARE—Scholarship Program
P.O. Box 258
Quakertown, PA 19851
(215) 538-4776
www.projectcare.org**