



**THE MERL GROVE HIGH SCHOOL PAST STUDENTS' ASSOCIATION NY
CHAPTER INC ELLORINE WALKER SCHOLARSHIP FUND APPLICATION**

The Merl Grove High School Past Students' Association NY Chapter Inc. is offering scholarships to the current student eight (8) grade or higher population. These scholarship funds are possible through donations to the association by past students, friends, families and businesses.

Scholarship awards selections are based upon the following criteria, as well as the student's responses to questions in this application. All applications will be reviewed by our scholarship committee. Recipient(s) of this scholarship will be informed by letter and announced by the principal at prize giving.

**MGHS PSA NY CHAPTER INC.
ELLORINE WALKER SCHOLARSHIP APPLICATION**



Please check criteria completed before application submission.

- Applicant must be an eight (8) grader or higher
- Applicant must have a student average of **80%** or better
- Applicant must submit a copy of prior year official final report card
- Applicant must submit a copy of most recent report card
- Two (2) Faculty letter of recommendation
- One (1) Mentor or clergy letter of recommendation
- Two (2) Passport sized pictures
- Attached one page essay on one of the following topics below:
 - a. What do you consider to be the single most important societal problem? Why?
 - b. If you had the authority to change your school in a positive way, what specific changes would you make?
 - c. Describe how you have demonstrated leadership ability both in and out of school.
 - d. Discuss a special attribute or accomplishment that sets you apart.
 - e. Pick an experience from your own life and explain how it has influenced your development.
 - f. What role should Past Student Associations play in the legacy and development of their alma mater?

Application process: (Applicant must submit)

1. Completed typed application form (incomplete applications will not be processed).
2. Letter of recommendations should be addressed to the MGHS PSA NY Chapter Inc. Scholarship Committee.
3. Typed one page essay.
4. Must include a current email address

Deadline for application is April 30, 2016. Applications postmarked after this date will not be considered. Please mail your application to the address below or email to scholarship@merlgrovehighpsany.org

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Please read this form carefully and answer each question completely. Your application will not be processed if all of the questions are not answered in full.

Name

Address

Parent or
Guardian name

Home Phone

Date of Birth

E-Mail Address

Please submit two (2) faculty and one (1) mentor or clergy recommendation letters with your application and list below contact information for your references:

Name	Address	Phone/Email
1.		
2.		
3.		

SCHOOL/ COMMUNITY SERVICE

Please list and describe school and/or community activities in which you have participated and give a brief description of the requirements involved for each activity. Please attach a separate page if needed.

	School or Community Activities	Description
1.		
2.		
3		
4		

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SPORT ACTIVITIES

Please list and describe all sport activities in which you have participated and give a brief description of the requirements involved for each activity. Please attach a separate page if needed.

	School or Community Activities	Description
1.		
2.		
3		
4		

Applicant Agreement

I understand this scholarship application is not complete until I submit the required information. I agree that this scholarship application is valid and includes my own thoughts. I agree to give consent to the MGHS PSA NY Chapter Inc. to use my name and photo on any publications, MGHS PSA NY Chapter Inc. website, and/or media releases as necessary to promote its mission and the scholarship fund.

Applicant's Signature

Date

Parent or Guardian Signature

Date

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**SECTION 3: To Be Completed by The School Guidance Counselor
***** APPLICATION DEADLINE ***** Post Marked by APRIL 30,2016**

Student's Name:

Grade Point Average:

Class Rank:

Of:

Academic appraisal of the student:

Signature:	Date:
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SECTION 3: To Be Completed by The School Guidance Counselor
*******APPLICATION DEADLINE *****Post Marked by APRIL 30, 2016**

Student's Name: _____ is applying for the Ellorine Walker scholarship
Please rate this student in the following categories using a rating system consisting of:

5 Excellent 4 Good 3 Average 2 Fair 1 Poor

A. Dependability	5	4	3	2	1
B. Leadership	5	4	3	2	1
C. Self-Reliance (Able to complete job efficiently with minimum assistance)	5	4	3	2	1
D. Character	5	4	3	2	1
E. Attitude	5	4	3	2	1

Please cite any examples that will support your above ratings and assist our committee in arriving at a fair decision.

Signature:	Date:
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