



Name of Scholarship Program to which you are applying:

APPLICANT[illegible][illegible][illegible]

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State

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Zip Code

Male ☐ Female ☐[illegible]

E-Mail Address

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		/			/				
Month			Day			Year			

			-			-				
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EDUCATION

Are you enrolled in college now? ☐ Yes ☐ No

If yes, are you ☐ Part Time or ☐ Full Time ?

City	State	Zip Code
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What college do you attend or plan to attend?

Are you a high school senior? ☐ Yes ☐ No

What is your planned course of study?

Enter your graduation date.

Other than the high school named above, list all schools that you attended in the *last three years*. List the school you attended most recently first.

Name of School

Location (City and State)

Dates of Attendance

List **special** courses or programs you have taken during the last three years. List the most recent course or program first (AP, Honors, International Baccalaureate, data processing, electronics, etc.).

Course or Program

Name of School

Dates of Attendance

SCHOOL AND COMMUNITY ACTIVITIES

List activities in which you have participated during the *last three years*. (School clubs, student government, publications, varsity or club sports, theater arts, Beta Club, Scouting, VICA, 4-H, etc.).

Activity	Dates of Participation	Office/Position Held	Awards or Honors

List community agencies or organizations in which you have participated **without pay** during the *last three years*. (Church, hospital volunteer, cultural activities, outreach programs, etc.).

Name of Agency or Organization	Kind of Activity	Dates of Participation	Hours Per Week

List jobs (including summer employment) you have held in the *last three years*.

Job or Type of Work	Employer	Summer	School Year	Dates of Employment	Hours per Week

FAMILY INFORMATION

Enter complete information about your family below.

	Father/Male Guardian	Mother/Female Guardian
Name		
Occupation/Title		
Employer's Name		

Parents' marital status: Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Brother(s) Number _____ Age(s) _____ Sister(s): Number _____ Age(s) _____

Enter the name(s) of the parent(s) or guardian you live with, if different from above.

AUTHORIZATION/CERTIFICATION

Please review your responses, sign your name below, and give this form to a school official for completion. Your signature will authorize your school to release the information requested and certify that all information you entered on this form is accurate and true.

NOTE: **IT IS YOUR RESPONSIBILITY** TO ENSURE THAT YOUR SCHOOL RELEASES THE REQUESTED INFORMATION BY THE PROGRAM DEADLINE.

(Enter deadline date here: _____)

Student's Name (Please Print) _____

Student's Signature _____

Date _____

SCHOOL INFORMATION

NOTE FOR SCHOOL OFFICIAL: Please provide the information requested, sign the form, and attach an **official transcript** of the student's grades that *includes the senior year courses* being taken. **If a school profile is available, please include one with this form.** Thank you for taking the time to assist with this scholarship application.

Student's Class Size

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Student's Class Rank

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Student's GPA

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TEST SCORES:

SAT Test Date: _____

ACT Test Date: _____

Math

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Reading

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Writing

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Composite Score

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Please rate the level of difficulty of the courses this student has attempted:

☐ Most Difficult ☐ Above Average ☐ Average ☐ Below Average

EVALUATION

Comparing this student to all others with whom you have worked, please evaluate this student on the following characteristics.

"Best" means: one of the three or four best students you have ever known. Please check.

	Best	Outstanding	Good	Average	Weak
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name & Title of School Official

Signature of School Official

Date

High School Code

Please make certain to include the transcript.

*Mail all scholarship materials **by the deadline date** to:*

Structure Tone Memorial Scholarship Program

770 Broadway, 9th Floor

New York, NY 10003

Attn: Jessica Kotlowski