

CIECHS PTSA SCHOLARSHIP APPLICATION

Personal Data

Name:

Last

First

MI

Date of Birth: _____

Permanent Home

Address: _____

City: _____ State: _____ Zip Code: _____

School/Academic Information

PTSA Memberships: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Class Rank: _____ as of _____

Underweighted G.P.A.: _____ as of _____

Have you been accepted to an institution? _____

Where? _____

Intended area of study: _____

Extracurricular Activities (Attach additional sheets if necessary)

School: _____

Community: _____

Church: _____

Honors and Awards (Attach additional sheets if necessary)

Certification

❖ I hereby affirm that the information contained in this application is true and correct to the best of my knowledge. I further understand that my application will not be given full consideration if I fail to **submit a (1) Teacher Recommendation, Copy of high school transcript and the required essays by the deadline given in the instructions.**

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please mail application to:
CIECHS PTSA
Attn: CIECHS PTSA Scholarship Committee
1200 Murchison Road
Fayetteville, NC 28301

Or turn it into
Mr. Long
CIECHS J. Knuckles Building
Room 133

