

Susquehanna Township High School Parent Teacher Student Organization

SCHOLARSHIP APPLICATION

Please type your answers.			
	Last Name:	First Name:	
Mailing Address Street: City:	State:	Zip:	
Daytime Telephone Number: ()			
Email Address:			
Date of Birth: Month Day Year		Gender:	
Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.			
A. List any membership and volunteer activities while in high school and any positions held for each activity: (Use an additional sheet if need)			
	Activity	Dates involved	Position Held
1.			
2.			
3.			
4.			

On a separate sheet please write an essay (250 - 500 words) answering one of the following questions:

1. If you could be remembered for one thing, what would it be?

Or

2. Why do you want to go to college and how will it change your life?

Signature of scholarship applicant: _____ **Date:** _____

APPLICATION DUE TO GUIDANCE BY Friday, May 20,2022
NO EXCEPTIONS!