## Phoenix Union High School District 2016 Districtwide Scholarship Application

Due: April 8, 2016

## Seven (7) scholarships at \$750/each will be awarded

The **PUHSD Districtwide Scholarship** fund was established to provide college scholarships to graduating seniors of the Phoenix Union High School District who are pursuing post-secondary education.

The scholarships are to be used for tuition and other related expenses for each student chosen.

The scholarships are available to any Phoenix Union High School students who is enrolling in a post-secondary school (community college, university or trade school) regardless of GPA.

Please forward the following information to <u>Melody Zeeman</u>, <u>PUHSD</u>, <u>Federal Programs Office</u>, <u>CES</u> #4, 4502 N. Central Ave., <u>Phoenix</u>, 85012, no later than by **April 8, 2016**:

- 1. A completed application form (see reverse side).
- 2. High School Transcript.
- 3. One (1) letter of recommendation.
- 4. A one page student written essay outlining their goals, community involvement and how the scholarship will help them achieve their goals. (Please be detailed, as this essay will carry a lot of weight. Grammar must be checked)

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cc: A. Allen
Principals
Counselors
Craig Pletenik

rev. 12/10/15

## Phoenix Union High School District 2016 Districtwide Scholarship Application

			High School Name	
Name:		Student #:	D	Date:
Social Security Number: (If known) Home Address:			Home Phone Number:	_( )
City:	State:		Zip Co	ode:
College or University Name:				
College or University Address:				
City:	State:		Zip Code:	
College or University Phone Number:	( )		College Major:	
High School Grade Point Average:		Club/Activity Involvement:	-	
Have you applied for financial aid?	Yes	No	Amount Requested \$	
List the scholarships for which you have appli	ied or received:			
List the names of the schools to which you ha	ve applied:			
MATERIALS NEEDED WITH THIS APP Copy of current Transcript One (1) letter of recommendation One page written essay outlining go		volvement and	how the scholarship will help	p you achieve your goals
Applicant Signature:	licant Signature: Date:			
Return the application to Melody Zeeman Applications must			office, CES #4, 4502 N.  Soffice of April 8	
For Committee Use ☐ Approved ☐ Disapproved				
Awarded \$:	Date:			
Disapproved Reason (if applicable):				
Account #: Warrant #:	I	Date:	Check sent to:	
Committee Member Signature			Printed Name	
Committee Member Signature			Printed Name	
Committee Member Signature			Printed Name	

NOTE: Scholarship funds will be held for a student for two school years after award date. If a scholarship has not been used after two school years, the scholarship will be forfeited.

2 rev. 12/10/15