



Dana Hills High School PTSA

SPECIAL EDUCATION SCHOLARSHIP

*This award recognizes the achievements of students for **volunteer service** in the school and/or community.*

The Dana Hills High School PTSA (DHHS PTSA) is pleased to offer a Special Education scholarship for graduating seniors. This PTSA scholarship is to be used for continuing education at a four-year college or university, a community college or a trade/technical school. The amount of each scholarship and the number of scholarships awarded will vary each year. The minimum award will be \$500, but could be more.

ELIGIBILITY

- You must be a graduating senior at Dana Hills High School in the current year.
- You must be a member of Dana Hills High School PTSA as of **March 14th**.
- You must have a minimum overall GPA of 2.0.

TO APPLY

- Complete application including essay, letter of recommendations, transcripts, and record of volunteer service activities or student resume.
- If you are not a current member of DHHS PTSA, you must join. You may attach a photocopy of your PTSA membership card in lieu of PTSA membership verification.
- The application and all attachments should be turned in to scholarships.dhhsptsa@gmail.com on or before **March 14th**.

PAYMENT OF AWARD

Recipients will be notified at the Senior Awards Ceremony. The decision of the PTSA Scholarship committee is final. **Note:** A scholarship award may be revoked in the event the student does not maintain the required overall GPA of 2.0, if the student is subject to severe disciplinary action such as suspension or expulsion, or if the student fails to enroll in an institution of higher education.

QUESTIONS

If you have any questions about the DHHS PTSA Scholarship Program, please contact Dana Hills PTSA at scholarships.dhhsptsa@gmail.com

Dana Hills High School PTSA
SPECIAL EDUCATION SCHOLARSHIP APPLICATION

Please fill in form. Please be as complete as possible. If you need assistance completing this form, please contact scholarships.dhhspts@gmail.com

PART 1: GENERAL INFORMATION

Name _____

Address _____

City _____ Zip _____ Phone _____

Seven Semester G.P.A. _____ (Cumulative - excluding P.E.)

Verification of PTSA Membership *(to be completed by PTSA)/(or attach copy of membership card)*

Signature _____ Date: _____

Name and PTSA Title

PART 2: FAMILY INFORMATION

Father's Name _____

Mother's Name _____

You live with: *(please circle)* Father Mother Both Other _____

Number of additional children living at home _____ Number of siblings currently attending college _____

PART 3: POST HIGH SCHOOL PLANS

I have applied to:

Name of College/University/Vocational School

Accepted (if known) Yes or No

1. _____

2. _____

3. _____

4. _____

Major and/or Career Objective: _____

PART 4: ESSAY

On a separate sheet of paper, write a short essay, not to exceed one (1) page, about one of your volunteer service experiences. Explain why you chose that particular service, how it has influenced you as an individual, or the ways in which that experience has contributed to your goals.

PART 5: LETTER OF RECOMMENDATION

Please attach one letter of recommendation which will help the Scholarship Committee learn more about you. This letter may not be written by a relative but should be someone familiar with your achievements.

PART 6: TRANSCRIPTS

Attach a copy of your transcript that includes your grades through the end of the seventh semester of high school.

PART 7: COMPLETE RECORD OF ACTIVITIES OR ATTACH A STUDENT RESUME

Complete Record of Activities or attach student resume including only the volunteer community / school activities in which you participated during high school, not activities for which you were paid.

SIGNATURE

I verify that the information in this application is true and correct.

Student's Signature

Date

CHECKLIST:

Prior to submitting, confirm you have the following. Send email with all attachments to scholarships.dhhspts@gmail.com.

- Application
- PTSA Student Membership
- Essay
- Letter of Recommendation
- Transcripts
- Student Resume

**ATTACHMENT A
RECORD OF VOLUNTEER SERVICE ACTIVITIES**

Activity Name:
Grade(s)/Year(s) Participated:
Position or Office Held:
Hours per Week:
Weeks per Year:
Awards:
Name, Address & Phone Number of Person or Organization who can verify:
Describe Activity:

Activity Name:
Grade(s)/Year(s) Participated:
Position or Office Held:
Hours per Week:
Weeks per Year:
Awards:
Name, Address & Phone Number of Person or Organization who can verify:
Describe Activity:

Activity Name:
Grade(s)/Year(s) Participated:
Position or Office Held:
Hours per Week:
Weeks per Year:
Awards:
Name, Address & Phone Number of Person or Organization who can verify:
Describe Activity:

**ATTACHMENT B
RECORD OF VOLUNTEER SERVICE ACTIVITIES**

Activity Name:
Grade(s)/Year(s) Participated:
Position or Office Held:
Hours per Week:
Weeks per Year:
Awards:
Name, Address & Phone Number of Person or Organization who can verify:
Describe Activity:

Activity Name:
Grade(s)/Year(s) Participated:
Position or Office Held:
Hours per Week:
Weeks per Year:
Awards:
Name, Address & Phone Number of Person or Organization who can verify:
Describe Activity:

Activity Name:
Grade(s)/Year(s) Participated:
Position or Office Held:
Hours per Week:
Weeks per Year:
Awards:
Name, Address & Phone Number of Person or Organization who can verify:
Describe Activity: