

Student Application for the Dr. Adrienne Robb-Fund/Fund Family Scholarship

PTA UNIT NAME: _____ PTA UNIT CODE: 10- _____

PTA UNIT PRESIDENT'S SIGNATURE: _____

Student must attend a high school in Nassau County with a PTA/PTSA unit in good standing.

The Adrienne Robb-Fund/Fund Family Scholarship is for a student who is graduating from a Nassau County Public high school and who demonstrated resiliency in overcoming obstacles to learning; be it academic, language, social, emotional or due to special needs. One \$500 scholarship shall be awarded annually.

Name of Student: _____

Address: _____

Phone # of Student: _____ **Email Address:** _____

Name of Parent/ Guardian: _____

Phone # of Parent/Guardian: _____ **Email Address:** _____

Name of High School: _____

Address: _____

Guidance Counselor: _____ **Phone #:** _____

Signature of Guidance Counselor or Principal: _____

List your post-graduation plans: _____

List your activities in school: _____

List any activities outside of school, including work experiences you have had: _____

Please attach a statement of three to four paragraphs describing the obstacles you have faced and why you should be the recipient of this scholarship. The statement can be handwritten or typed.

I have read the information about this scholarship. My parent/guardian and I give permission for a designee of Nassau Region PTA to contact my guidance counselor should you require further information.

Signature of Student _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Check List: Please be sure that you have included all of the following:

- PTA Unit President's Signature and PTA information
- Signatures from the student, parent or guardian, guidance counselor or principal
- Student statement

Mail application to:

Nassau Region PTA
Fund Family Scholarship
37 Chickadee Lane
Levittown, NY 11756

Application must be postmarked by March 15 of the student's graduating year.