



PARENT STAFF ORGANIZATION (PSO)

2009 Edmonds Woodway Senior Scholarship Application

About the PSO Scholarship Program

The PSO has allocated \$3,000 to a Scholarship Fund for graduating seniors from the class of 2009. The PSO's goal is to recognize student achievement while also supporting student involvement in the school and outside communities.

We are not necessarily looking for the best-known student with the highest GPA, but looking rather at an overall review of the Application, Letters of Recommendation and responses to the Scholarship Committee questions.

Application Eligibility

- Student meets the requirements for graduation from High School (or equivalent).
- Student legibly completes all Application requirements and mails packet by the deadline.

Checklist for submitting Application packet:

1. Completed Student Application form.
2. A complete High School Transcript with classes and GPA (from the Counseling Office).
3. Completed responses to the Scholarship Committee Questions (typed on a separate sheet of paper).
4. Sealed Letter of Recommendation by EWHS Staff or Faculty member (see page 4).
5. Sealed Letter of Recommendation by a Community member (see page 4).

Mail the entire Application packet to:

PSO Scholarship Committee
831 8th Ave. S
Edmonds, WA 98020

APPLICATIONS MUST BE POSTMARKED BY MAY 15, 2009.

It's a good idea to keep a copy for your records.

Please contact the Scholarship Committee with any questions you may have through the PSO website, at <http://www.ewpsa.org>. All applications will be kept confidential.

Winners will be announced at the Senior Awards Banquet.

INCOMPLETE, LATE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED.

Student Application

Please read this form carefully and answer each question completely and legibly. Your application will not be processed if all the questions are not answered in full. Mark N/A for items not applicable.

Applicant Information

Name: _____

Address: _____

Telephone: _____

Email: _____

Full name and address of Parents or Guardians:

Father _____ Mother _____

Favorite subjects: _____

Favorite interest or hobbies: _____

Describe any paid jobs that you've had: _____

What school(s) are you considering for the 2009/2010 school year?

1. _____

2. _____

3. _____

Have you been accepted? _____ If so, where? _____

CERTIFICATION

I agree that all information I have provided on this form is true and complete to the best of my knowledge. I give permission to the Selection Committee to review information on this form, my transcripts and additional supporting documentation submitted as part of this Application.

Signature of Applicant and Date: _____

Scholarship Committee Questions

Please respond to all sections below.

Your answers should be typed on a separate piece of paper and attached to this page.

A. Educational Plans

- Describe why you chose the school(s) that you are interested in.
- Describe your current educational and career goals.

B. School Activities

- Describe activities, clubs, sports, or school events you have participated in at EWHS.
- Describe your level of involvement and any leadership roles.
- List any honors, awards, recognition or accomplishments that you have earned through EWHS.
- Describe how you have gone above and beyond minimum requirements in your contribution to EWHS.

C. Community Activities

- Describe any community and/or volunteer activities you participated in outside EWHS.
- Describe your level of involvement and any leadership roles.
- List any honors, awards, recognition or accomplishments that you have earned through the community.
- Describe how you feel you have given back to the community outside EWHS.

D. Additional Information - optional

- Optional – describe any special circumstances, situations, events, or obstacles that you want the Scholarship Committee to consider in reviewing your application.

Staff / Faculty and Community Member Scholarship Recommendation
TO BE COMPLETED BY STUDENT:

Name _____

School(s) interested in _____

Field of study _____

This completed form is due by _____ Return in a sealed envelope to _____

TO BE COMPLETED BY PERSON MAKING RECOMMENDATION:

Length of time you have known Applicant: _____

In what capacity do you know Applicant? _____

We are seeking information related to the Applicant's positive qualities, potential and desire for success. The following list of qualities is being provided for you to consider when making your recommendation. You may want to describe how the Applicant demonstrates some of these along with any other comments you wish to share.

Please type your answers on a separate piece of paper and attach to this page.

Initiative

Team Work

Commitment to quality

Resourcefulness

Reliability/Dependability

Creativity

Problem Solving abilities

Work Habits

Leadership

Enthusiasm

Cooperation

Adaptability

Potential for Success

Recommendation completed by:

Printed name

Signature

Date

Title

Employer

Please seal recommendation before returning to the Applicant.