

ROOSEVELT HIGH SCHOOL ALUMNI SCHOLARSHIP PROGRAM / APPLICATION

APPLICATION DEADLINE: April 16, 2010

Last Name _____ First _____ Middle Initial _____

Mailing Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ E-mail Address _____

Male _____ Female _____

Name and address of parents or guardians:

Father's Last Name _____ First _____ Middle Initial _____

Mailing Address (leave blank, if same as above) _____

City _____ State _____ Zip Code _____

Mother's Last Name _____ First _____ Middle Initial _____

Mailing Address (leave blank, if same as above) _____

City _____ State _____ Zip Code _____

The Program:

The Roosevelt High School Alumni Association has established a scholarship program to help assist students in furthering their education.

Two (2) scholarships in the amount of \$1500 each will be presented to two (2) Roosevelt High School Seniors.

One (1) scholarship will be presented to a male student and one (1) scholarship will be presented to a female student.

The scholarship money may be used to pay for any college expenses, such as tuition, books, etc.

The scholarship money will be presented to the student once the Alumni Association receives confirmation that the student has been enrolled into a college and has completed their first quarter / semester successfully.

The deadline for the application to be turned into the Alumni Association is **APRIL 16, 2010**

The scholarship winners will be announced on Honors Night.

I certify that the information provided is complete and accurate to the best of my knowledge. I agree to provide proof of information I have given on this form, if the need arises. Falsification of any information listed may result in loss of scholarship funds.

Applicant's Signature _____ **Date** _____

5. **School Involvement:** Please list all of your involvement in school activities, past and present.

Organization / Activity	Number of Years	Offices Held	Special Awards / Honors

6. **Recommendations:** Please submit two (2) recommendations from people who can attest to your personality and character.
- a. No more than one (1) of the recommendations can be from a school staff member / employee.
 - b. Recommendations will not be accepted from a relative / family member.
 - c. Please have the person, writing the recommendation, use the first name of the applicant only, no last names.

Please submit application to:
Your high school counselor.