

James Clark School PTO Scholarship Application

CRITERIA: Seniors who attended James Clark School (2 yr. minimum) planning to continue their education

Name: _____ Telephone No. _____

Address: _____

Date of Birth: _____ Age: _____

Father's Name: _____

Employed at: _____ Occupation: _____

Mother's Name: _____

Employed at: _____ Occupation: _____

Number in family: _____ Living at Home: _____ In College: _____

What years and grades did you attend James Clark School? _____

Have you worked part time during the summer of after school? _____

Where were you employed? _____

Where do you intend to continue your education? _____

Have you been accepted? _____ What is your intended major? _____

What other financial assistance or scholarships have you applied for? _____

What financial assistance or scholarships have you received? _____

List extracurricular activities you have participated in _____

List any community activities you have participated in _____

**James Clark School PTO
Scholarship Application**

- On a separate paper, please state in your own words why you feel that you should be a recipient of this scholarship.
- On a separate paper, please tell us in 100 to 250 words why “you” feel a college education is important.

This application must be completed and filed with the:

*James Clark School PTO
c/o Scholarship Committee
65 Oxford Street
Agawam, MA 01001*

POSTMARKED NO LATER THAN MARCH 31ST

A letter of recommendation from a teacher MUST accompany this application. A copy of your transcripts, Class Rank, SAT scores and Academic Average MUST also accompany this application.

Please attach extra pages if necessary.

INCOMPLETE AND/OR LATE APPLICATIONS WILL NOT BE CONSIDERED.