

No. _____

OLD TAPPAN PTO MARTIN G. PODMAYER SCHOLARSHIP AWARDS APPLICATION

1. Name of Applicant _____ Date _____

2. Address _____ Phone _____

Email for correspondence _____

3. How long have you been a resident of Old Tappan, New Jersey? _____

4. Are you a current resident of Old Tappan, New Jersey? _____

5. Age _____ Date of Birth _____

6. Intended Major _____

7. Colleges/universities already accepted:

School #1 _____ Location _____ Tuition _____

School #2 _____ Location _____ Tuition _____

School #3 _____ Location _____ Tuition _____

8. Which college/university will you be attending and why?

9. Have you applied for, planning to apply to, and/or received help in any form from school, other scholarships or organizations?

10. Extra-Curricular Activities (Clubs, Athletic Teams, Offices held)

(a) In high school _____

(b)CommunityActivities_____

11. Describe your hobbies or special interests _____

12. List Scholastic Distinctions, Awards, and Honors Received_____

13. List any work experience _____

14. Please attach a short personal statement regarding your plans for the future. Also, in a separate paragraph, explain why you should be considered for this scholarship.

15. Please attach an official copy of your high school transcript, mid-year grades, SAT/ACT scores, and GPA.

16. Please attach a letter of recommendation from either a guidance counselor or teacher; please only one letter.

17. Please mail the completed application to:

Mrs. Evelyn Gwon
OTPTO Scholarships
8 Snow Crest Court
Old Tappan, NJ 07675
evgwon@gmail.com

I certify that all the statements contained in this application are true and correct. I acknowledge that it is my responsibility to ensure that all the requirements of this application are received by May 3, 2019.

Signature of Applicant

_____ Date: _____

This part of the application is to be completed by the parent/guardian of the applicant.

1. Father's Name _____

(a) Employer _____

(b) Position _____

2. Mother's Name _____

(a) Employer _____

(b) Position _____

3. List all dependent children in the family:

Name	Age	Grade in School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. What financial aid and/or preparation have you and the student made toward his/her education?

I hereby approve of my child's application for the Old Tappan PTO Martin G. Podmayer Scholarship Awards. I certify that all statements contained in this application are true and correct. I acknowledge that all the requirements of this application must be received by May 3, 2019.

_____ Date _____
Signature of Parent or Guardian