

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.

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: _____

