

# **2025 FM PTO Scholarship**



## **APPLICATION**



### **Scholarship Program, Qualifications and Requirements**

In 2025, the PTO at Franklin Monroe, will award at least one \$1,000.00 scholarship and one \$500.00 scholarship to **Franklin Monroe High School graduating seniors**. The applicant must have at least a 2.7 GPA and be involved in his/her community.

**The application deadline is Friday, March 21st.**

#### **FRANKLIN MONROE PTO SCHOLARSHIP REQUIREMENTS:**

##### **(1) Application Form**

\* If the space provided for your responses is not large enough, you may write “see attached” on the application and include an enclosure. Be sure the enclosure is clearly marked as to the question each portion applies and includes your full name.

##### **(2) Official Transcript**

##### **(3) Three Letters of Recommendation**

\*No more than two from school.

\*If applicable, one employer reference.

\*References from family members cannot be accepted.

**(4)** The above items must be returned in a legal-sized envelope to your individual High School Guidance Counselor NO LATER than March 21st.

##### **(5) Interview**

\*You will be notified around March 31<sup>st</sup> of your interview time with the selection committee. Interviews will take place in April in the elementary school’s office.

# 2025 Franklin Monroe PTO Scholarship Application

**\*Please complete in pen. Must be legible. Application may also be typed.**

## **1. Personal Data**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birth Date (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_

E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parents Names: \_\_\_\_\_

## **2. College you have been accepted to:**

\_\_\_\_\_

Bursar/Financial Aid Address \_\_\_\_\_

\_\_\_\_\_

Major \_\_\_\_\_

## **3. Field of Study and Career Intentions:**

Major Field of Study:

\_\_\_\_\_

Explain why you have chosen this field of study:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 4. References:

List names of three (3) references who will write letters of recommendation on your behalf.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

#### 5. Student Honors, Awards or Distinctions and Date Received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 6. Community and Extracurricular Activities:

Please list all church, community, extracurricular or volunteer activities during last four years. Include dates and/or period of the activity. Include any leadership positions held and dates.

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## 7. Funding Sources: (This section MUST be filled out to the best of your ability!)

Are you presently or will you be the beneficiary of any other scholarship, grant or stipend? If so, list name of donor(s) and the amount(s) for next year. Please include any scholarships you have applied for but are pending a response.

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What will be the cost of your educational expenses per year? (This section MUST be filled out to the best of your ability!)

Cost per year \$\_\_\_\_\_

Give a brief statement concerning your financial needs and what you have done to meet these needs:

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**8. Your Current Employment (enter none, if applicable):**

Employer \_\_\_\_\_

Type of Work \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Number Hours per Week \_\_\_\_\_

**9. Testimony and Signature:**

I hereby attest that I understand the award terms and that the foregoing information provided by me is true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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The following information is to be completed by the school's guidance counselor.

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_