



SCHOLARSHIP APPLICATION

2018 – 2019

Name of Applicant

Program

A.M. _____

P.M. _____

Sending School

**Due to Ms. Monastero by Thursday,
February 28, 2019**

**821 Plymouth Road, Plymouth Meeting, PA 19462
(610) 277-2301**

CENTRAL MONTCO TECHNICAL HIGH SCHOOL

821 PLYMOUTH ROAD, PLYMOUTH MEETING, PA 19462
(610) 277-2301

SCHOLARSHIP APPLICATION

Central Montco Technical High School provides scholarships to qualified students applying to qualified institutions. The school invites you to submit an application for consideration. In order to evaluate each application fairly, you must complete all of the requirements listed below.

In addition to this application form, all of the following information must be submitted in order for the application to be considered: (Check off each item as completed)

- 1. Proof of application to a post-secondary institution (e.g., letter of acceptance, copy of the application, or a letter from the sending-school counselor, if necessary)
- 2. Documentation of the college's tuition rates
- 3. A non-official transcript of the applicant's high school grades, including senior-year MP 1 grades
- 4. A student essay discussing why you feel you are deserving of a scholarship. The essay should include your educational plans, career goals, job situation or plans, and any difficult circumstances you feel are relevant. The essay should be typed on 8 ½ x 11" white paper.
- 5. Resume
- 6. If possible, a portfolio should be submitted at the time of the interview

If any of the above information is missing, the application will not be considered. Eligible applicants will be scheduled for an interview with the Scholarship Committee, listed on the next page.

All information submitted with this application will be distributed to members of the scholarship committee only. A copy of the application of scholarship names will be retained in the Central Montco Technical High School Business Office for administrative purposes. All copies will be destroyed at the completion of the scholarship process.

All documents must be submitted to Ms. Monastero in the front office, on or before **Thursday, February 28, 2019.**

Submitted by: _____

Shop: _____ Session A.M. _____ P.M. _____

Date: _____

TO THE APPLICANT: Evaluation of the Application

1. The following criteria will be considered in the evaluation of all applicants:

- A. CMTHS grades/home school grades
- B. Attendance record
- C. Discipline record
- D. Teacher recommendation
- E. Financial need
- F. Evaluation of applicant's essay
- G. Extra-curricular activities, including sports, work, athletics, community service, etc.

2. Conditions

- A. All monies awarded to the applicant will be paid directly to the approved institution.
- B. Scholarship recipients must maintain a 2.0 average each semester. Failure to maintain a 2.0 will result in termination of the scholarship.
- C. Scholarship awards are made for one (1) year only and must be utilized within one (1) year of the recipient's graduation.

I understand and agree to the above conditions. I verify that all information supplied in this application is true and accurate.

Signature of the Applicant Date

Signature of the Parent/Guardian Date

Members of the Scholarship Committee will be available to aid and counsel students concerning their application and admission procedures.

SCHOLARSHIP COMMITTEE MEMBERS:

- Mrs. Mary Boccella
- Mr. Charles Braun
- Mr. Dana Johnson
- Ms. Kathy Slattery
- Mr. Matthew Tornetta, Chairperson
- Mrs. Tracey Tupper

EQUITY STATEMENT

Central Montco Technical High School does not discriminate in its education programs, activities or employment practices based on sex, color, national origin, race, sexual orientation, disability, age, religion, ancestry, political opinions or affiliations, or lawful activity in any employee organization. Central Montco Technical High School provides equal access to the Boy Scouts and other designated youth groups. For information about your civil right and grievance procedures, contact Seth Schram, Equal Rights Coordinator, (610) 277-2301.

APPLICANT'S BACKGROUND INFORMATION

APPLICANT: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

TELEPHONE #: _____ E-Mail Address: _____

PARENT/GUARDIAN 1: _____

OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ PHONE#: _____

PARENT/GUARDIAN 2: _____

OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ PHONE#: _____

1. Course of study at CMTHS: _____ 2. Number of years at CMTHS: _____

3. School that you plan to attend: _____

Address: _____

4. Date application made: _____ Have you been accepted? ____yes ____no

5. Field of study/major: _____ Start date: _____

6. a. Tuition cost per semester \$ _____

b. Room/board per semester \$ _____

c. Number of semesters/sessions per year: _____

7. Have you completed the FAFSA form? ____yes ____no

If no, why not? _____

Other applications made for financial assistance: _____

8. Have you taken the SAT/ACT College Board Test? ____yes ____no

If yes, date: _____ Scores: _____

If no, why not: _____

FINANCIAL STATEMENT

This portion of the application must be filled out completely and should accurately reflect the financial position of the applicant and his/her parents/guardian.

Verification by Federal Income Tax Form 1040 may be requested from potential recipients.

Please list all children living at home and being supported by your parent or guardian, including you:

NAME

AGE

Please list any others who are receiving financial support from the family:

NAME

AGE

Number of dependents who will be attending post-secondary institutions during 2018-2019: _____

Are there any unusual circumstances which affect the financial status of the family?

INSTRUCTOR'S RECOMMENDATION FORM

(To Applicant: Detach this form and give to your CMTHS instructor.)

Name of Applicant

To the Instructor:

The above-named student is applying for a CMTHS Scholarship. The Scholarship Committee requests the following information regarding this student and any insight that you feel may be helpful in our evaluation of the application.

ATTENDANCE DURING THE CURRENT SCHOOL YEAR:

Days absent _____

Days late: _____

Days unexcused absence _____

ISS/OSS days _____

SKILLS USA/HOSA Officer yes no If yes, position: _____

Other school activities:

Do you recommend this student should be considered for a scholarship? yes no

Please explain your answer; we rely on these comments, so please be specific:

Instructor, please note: Failure to complete this page VOIDS the scholarship application. Please return the completed form to Ms. Monastero on or before Thursday, February 28, 2019.

INSTRUCTOR'S SIGNATURE

DATE