

**FARMINGDALE HIGH SCHOOL COMMUNITY SCHOLARSHIP APPLICATION - 2012**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Street  
Are you a member of the High School PTA? \_\_\_\_\_  
Town State Zip Code  
Elementary School You Attended: \_\_\_\_\_ Gender \_\_\_\_\_  
Your Counselor's Name: \_\_\_\_\_ Do you live in the town of Babylon? \_\_\_\_\_

**THIS PART OF THE COMMUNITY SCHOLARSHIP APPLICATION WILL REMAIN CONFIDENTIAL  
ONLY CODE LETTERS ARE PROVIDED TO SCHOLARSHIP DONORS**

**If the income level is not provided, the student may not be considered for certain scholarships. This includes PTA scholarships.**

Using this chart circle your Family Adjusted Gross Income (from Federal Income Tax Form).

		<u>Circle One</u>					
<b>A</b>	\$ 0	to	30,000	<b>E</b>	\$ 90,000	to	110,000
<b>B</b>	30,000	to	50,000	<b>F</b>	110,000	to	130,000
<b>C</b>	50,000	to	70,000	<b>G</b>	130,000	to	150,000
<b>D</b>	70,000	to	90,000	<b>H</b>	150,000	to	180,000
				<b>I</b>	Above \$180,000		

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
If parent is employed by the Farmingdale School District, please state school & position: \_\_\_\_\_

List Names, ages and occupations or college of brothers and sisters **still dependent on your parents:**  
Name: \_\_\_\_\_ Age: \_\_\_\_ Occ./College Attending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received any awards, scholarships or any form of financial aid for college? Please list name and amount. \_\_\_\_\_

Please check off any situations that apply to your family:

- |                              |  |
|------------------------------|--|
| 1. Single Income _____       | 4. Parent Deceased _____                     |
| 2. Parental disability _____ | 5. Unusually high medical expenses for _____ |
| 3. Parent Unemployed _____   | 6. Other _____                               |

**RELEASE OF INFORMATION FOR SCHOLARSHIP APPLICATION**

This release **must be completed** for a scholarship packet to be established for you.

I authorize the Guidance Dept. of Farmingdale Senior H.S. to provide the following information if required:  
Teacher evaluations, high school transcript, counselor letter of recommendation, standardized test scores.

Signature of Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION DEADLINE – MONDAY, FEBRUARY 6, 2012**  
***Return to Main Guidance Office by the end of school.***

Name: \_\_\_\_\_

1. Do you plan to attend college on Long Island? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. What college or technical school do you plan to attend? \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ Have you made a deposit? \_\_\_\_\_  
(If you receive a college decision after completing this form, please come to the Main Guidance Office to update us.)

**SEVERAL SCHOLARSHIPS ARE BASED ON PURSUING SPECIFIC CAREERS**

Please answer as clearly as you can.

2. Intended Major: \_\_\_\_\_

**FUTURE PLANS**

Please check if any of the following careers are something you would like to pursue: **(PICK ONE)**

**Health / Medicine Careers**

- |   |  |
|---|--|
| <input type="radio"/> Doctor                        | <input type="radio"/> Pharmacist         |
| <input type="radio"/> Nursing                       | <input type="radio"/> Speech Pathologist |
| <input type="radio"/> Dentistry                     | <input type="radio"/> Psychologist       |
| <input type="radio"/> Veterinary                    | <input type="radio"/> Nutritionist       |
| <input type="radio"/> Physical/Occupational Therapy | <input type="radio"/> Other _____        |

**Education/Teacher**

- High School \_\_\_\_\_  
Subject Area
- Elementary
- Middle School \_\_\_\_\_  
Subject Area

**Military**

- Have you or are you planning to enlist? \_\_\_\_\_
- Branch \_\_\_\_\_
- Undecided \_\_\_\_\_

**Other**

- Environmental Sciences
- History
- Journalism/Communications
- Liberal Arts
- Political Science / Law
- Technical Careers
- Culinary Arts
- Visual / Performing Arts
- Other \_\_\_\_\_

Name: \_\_\_\_\_

3. Describe your career goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please share special talents, hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MILITARY FAMILY HISTORY**

If a member of your family is an honorably discharged veteran or active duty military whose official residence is Farmingdale, please state relationship and branch of service.

- Mother
- Father
- Brother
- Sister
- Grandfather
- Grandmother
- Other \_\_\_\_\_

**Please circle one:**

Army      Navy      Marines      Air Force      Coast Guard      Other \_\_\_\_\_

If you would like to give a brief comment, please do so here: \_\_\_\_\_

\_\_\_\_\_

**FIREFIGHTERS**

If you or a member of your family is a firefighter or volunteer firefighter please state relationship and affiliation

Name / Relationship	Affiliation

Name: \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES & WORK EXPERIENCE**

**Extracurricular.** Please list your principal extracurricular, volunteer, and work activities in their order of importance to you. Use the space available to provide details of your activities and accomplishments (specific events, varsity letter, musical instrument, employer, etc.). **To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a resume.**

**Extracurricular & Personal Activities**

Grade level				Approximate time spent		When did you participate in the activity?		Positions held, honors won, letters won, or employer	If applicable, do you plan to participate in college?
9	10	11	12	Hours / week	Weeks / year	School year	Summer/ School Break		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____									
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____									
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Activity _____									
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Activity _____									
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____									

**Sports**

Grade level				Approximate time spent		When did you participate in the activity?		Positions held, honors won, letters won, or employer	If applicable, do you plan to participate in college?
9	10	11	12	Hours / week	Weeks / year	School year	Summer/ School Break		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____									
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Activity _____									
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Activity _____									
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Activity _____									
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____									

Name: \_\_\_\_\_

**Volunteer Work / Community Service**

*Please indicate the time spent in each activity.*

Grade level				Approximate time spent		When did you participate in the activity?		Positions held, honors won, letters won, or employer	If applicable, do you plan to participate in college?
9	10	11	12	Hours / week	Weeks / year	School year	Summer/ School Break		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____									
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Activity _____									
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Activity _____									
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Activity _____									
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____									

**Musical Performance Group**  
(Band, Chorus, Playcrafters etc.)

Grade level				Approximate time spent		When did you participate in the activity?		Positions held, honors won, letters won, or employer	If applicable, do you plan to participate in college?
9	10	11	12	Hours / week	Weeks / year	School year	Summer/ School Break		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____									
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Activity _____									
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Activity _____									
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Activity _____									
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Activity _____									

Name: \_\_\_\_\_

**Summer & Work Experience**

Grade level				Approximate time spent		When did you participate in the activity?		Positions held, honors won, letters won, or employer	If applicable, do you plan to participate in college?
9	10	11	12	Hours / week	Weeks / year	School year	Summer/ School Break		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____									
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____									
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Activity _____									
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____									
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____									

**Personal**

If you receive an award what biographical information would you like the presenter to share about you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_