

STARPOINT TEACHER'S ASSOCIATION SCHOLARSHIP APPLICATION

4363 MAPLETON ROAD
LOCKPORT, NY 14094

Complete and return to Allan Slote in N6 (High School) no later than March 31, 2017.

NAME _____

LAST

FIRST

MIDDLE

HOME ADDRESS _____

HIGH SCHOOL _____

NUMBER OF STUDENTS IN GRADUATING CLASS _____

CLASS RANK _____

HIGH SCHOOL AVERAGE _____

AVERAGE IS (circle one): **WEIGHTED** **UNWEIGHTED**

MAJOR IN HIGH SCHOOL _____

ADVANCED PLACEMENT COURSES (Enrolled or Completed):

COLLEGE YOU ARE PLANNING TO ATTEND _____

PLANNED COURSE OF STUDY _____

SIBLING(S) ALSO ATTENDING COLLEGE _____

NAME OF THEIR COLLEGE _____

FINANCIAL ASSISTANCE YOU HAVE BEEN AWARDED

Name of your STA parent: _____

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Extracurricular activities:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

HONORS/AWARDS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

You may type the above information on another sheet if desired.

Please attach a typewritten statement (double-spaced) explaining how a specific teacher or person contributed to or influenced your education.

Financial statement: You may also include a statement or page including any financial problems that may pertain to your economic status.

Checklist: Have you completed?

1. The Front page of this application
2. A list of extracurricular activities
3. A list of honors / awards
4. An essay
5. Financial need statement (optional)