**Elizabeth Ashley "Boo" Bisland Memorial Scholarship**



**Application**

**THE SCHOLARSHIP OPPORTUNITY**

This scholarship recognizes any senior, that is a current or former Port Jervis Soap Box Derby racer, for their outstanding volunteer participation and commitment to their community while making an education commitment and practicing good citizenship.

**GENERAL CRITERIA**

Must be a current or former racer of the Port Jervis Soap Box Derby
Must document volunteerism within the community in which they live
Must maintain a minimum 2.5 GPA

Must attend an accredited post-secondary educational program

The scholarship is for $1,000.00 issued directly to the winner in one payment. First payment after proof of acceptance and registration is made to scholarship committee.

The Scholarship committee has the right to review any and all publicly posted social media accounts, in the process of selecting the winner of the scholarship.

HOW TO APPLY

Complete all information requested on the application form. You need not be
accepted at a school before applying for the scholarship,

Submit the application to the Port Jervis Soap Box Derby Scholarship Committee at

**Port Jervis Soap Box Derby
8 Beach Road
Port Jervis, NY 12771**

***Applications must be submitted by May 19th***

**ELIZABETH ASHLEY “BOO” BISLAND
MEMORIAL SCHOLARSHIP**

**Please complete all information on the form and obtain all required signatures, Return the form to the
Port Jervis Soap Box Derby Scholarship Committee for their consideration. All information will be kept confidential.**

**APPLICANT INFORMATION**

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_

HOME MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX \_\_\_\_FEMALE \_\_\_ MALE

SCHOOL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INTENDED FIELD OF STUDY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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APPLICANT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (If there is more than one parent/guardian, both should complete info requested below)**

MR/MRS/MS LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M.I.\_\_\_\_

HOME MAILING ADDRESS **(If different from applicant’s)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOME MAILING ADDRESS **(If different from applicant’s)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LEVEL OF EDUCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT PROFILE**

CUMULATIVE GRADE POINT AVERAGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS RANKING \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAT SCORE \_\_\_\_\_\_\_\_\_\_\_\_

 **SCHOOL ACTIVITIES / CLUBS YEAR(S)**

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**LIST SCHOOL AWARDS, HONORS, AND SPECIAL RECOGNITIONS**

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**COMMUNITY ACTIVITIES & VOLUNTEERING YEAR(S)**

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**LIST COMMUNITY ACTIVITIES AND VOLUNTEERING AWARDS AND RECOGNITIONS**

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**LIST SPECIAL SKILLS YOU HAVE OBTAINED (I.E. Playing the Piano, sign-language, second language, etc.)**

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**WRITE A SHORT ESSAY (BETWEEN 150 – 500 WORDS) AS TO WHY YOU THINK YOU DESERVE THIS SCHOLARSHIP AWARD AND WHY IS IT IMPORTANT TO BE INVOLVED IN YOUR COMMUNITY AND TO VOLUNTEER.**

**(attach essay to back of application)**

**LIST CONTACTS FOR REFERENCES** (BE SURE THAT ALL THE CONTACTS ARE ADULTS AND CAN BE REACHED BY TELEPHONE)

SCHOOL REFERENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEIGHBOR REFERENCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMUNITY/ACTIVITY REFERENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature below certifies that the information provided in this application is accurate and complete to the best of
my knowledge. I authorize the Port Jervis Soap Box Derby Scholarship Committee to gather any information that it
deems necessary from my school, activities, and programs to complete their evaluation of my application for
consideration.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature(s) are necessary if applicant is under 18 years of age.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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