

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 the 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
CO Jason Csencsits
210 Route 209
Port Jervis, NY 12771**

Applications must be submitted by June 1st

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 _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ SEX FEMALE MALE

SCHOOL NAME _____ INTENDED FIELD OF STUDY _____

EMAIL ADDRESS _____

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) _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ RELATIONSHIP TO APPLICANT _____

EMAIL ADDRESS _____

LEVEL OF EDUCATION _____

MR/MRS/MS LAST NAME _____ FIRST NAME _____ M.I. _____

HOME MAILING ADDRESS (If different from applicant's) _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ RELATIONSHIP TO APPLICANT _____

EMAIL ADDRESS _____

LEVEL OF EDUCATION _____

LIST COMMUNITY ACTIVITIES AND VOLUNTEERING AWARDS AND RECOGNITIONS

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

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 _____

Signature _____ Print Name _____