



**SCHOOL AND COMMUNITY ACTIVITIES**

List activities in which you have participated during the *last three years*. (School clubs, student government, publications, varsity or club sports, theater arts, Beta Club, Scouting, VICA, 4-H, etc.).

Activity	Dates of Participation	Office/Position Held	Awards or Honors
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List community agencies or organizations in which you have participated **without pay** during the *last three years*. (Church, hospital volunteer, cultural activities, outreach programs, etc.).

Name of Agency or Organization	Kind of Activity	Dates of Participation	Hours Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List jobs (including summer employment) you have held in the *last three years*.

Job or Type of Work	Employer	Summer	School Year	Dates of Employment	Hours per Week
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**FAMILY INFORMATION**

Enter complete information about your family below.

	Father/Male Guardian	Mother/Female Guardian
Name	_____	_____
Occupation/Title	_____	_____
Employer's Name	_____	_____

Parents' marital status: Married  Separated  Divorced  Widowed

Brother(s) Number \_\_\_\_\_ Age(s) \_\_\_\_\_ Sister(s): Number \_\_\_\_\_ Age(s) \_\_\_\_\_

Enter the name(s) of the parent(s) or guardian you live with, if different from above. \_\_\_\_\_

**AUTHORIZATION/CERTIFICATION**

Please review your responses, sign your name below, and give this form to a school official for completion. Your signature will authorize your school to release the information requested and certify that all information you entered on this form is accurate and true.

NOTE: **IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR SCHOOL RELEASES THE REQUESTED INFORMATION BY THE PROGRAM DEADLINE.**

(Enter deadline date here: \_\_\_\_\_ )

Student's Name (Please Print) \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SCHOOL INFORMATION**

**NOTE FOR SCHOOL OFFICIAL:** Please provide the information requested, sign the form, and attach an **official transcript** of the student's grades that *includes the senior year courses* being taken. **If a school profile is available, please include one with this form.** Thank you for taking the time to assist with this scholarship application.

Student's Class Size

Student's Class Rank

Student's GPA

**TEST SCORES:**

SAT Test Date: \_\_\_\_\_

ACT Test Date: \_\_\_\_\_

Math

Reading

Writing

Composite Score

**Please rate the level of difficulty of the courses this student has attempted:**

- Most Difficult     Above Average     Average     Below Average

**EVALUATION**

Comparing this student to all others with whom you have worked, please evaluate this student on the following characteristics. "Best" means: one of the three or four best students you have ever known. Please check.

	Best	Outstanding	Good	Average	Weak
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Name & Title of School Official

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

High School Code

*Please make certain to include the transcript.  
Mail all scholarship materials **by the deadline date** to:*

**Structure Tone Memorial Scholarship Program**  
330 West 34<sup>th</sup> Street, Fl 12  
New York, NY 10001  
Attn: Cassia Jamison