

2012 NFCPTA Sally FitzGerald Scholarship Application

Sponsored by the North Fulton Council of PTAs (NFCPTA)

Please type all information in spaces provided. Applications will be disqualified if handwritten.

PERSONAL INFORMATION

Name (first) (middle) (last)

Address (street, city, state, zip)

Home phone Cell phone Email address Date of birth

Name of mother or legal guardian Home address & phone if different from above Cell phone Email address

Name of father or legal guardian Home address & phone if different from above Cell phone Email address

SCHOLASTIC INFORMATION

Current High School Dates attended Other High Schools Attended Dates Attended

List all other Fulton County Schools you have attended

GPA (as a % of 100, e.g. 96.2%) Best SAT or ACT Score
Attach copy of official transcript Attach copy

List the colleges and/or universities you may be attending. Attach copies of letters of acceptance you have received.

Intended course(s) of study

Applicant's signature Date

Name:

School Activities: Academic, Cultural, Athletic Clubs	9 th	10 th	11 th	12 th

Community Service: Non-School Related Activities	9 th	10 th	11 th	12 th

Employment (include # of hours per week/month; specify summer and/or during school year)	9 th	10 th	11 th	12 th

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500 Word Personal Essay

Dear Applicant:

This is your opportunity to allow the Scholarship Selection Committee to become more acquainted with you. On a separate page, and in approximately 500 words, please answer the following question:

“In what way(s) has the PTSA enriched the student experience at your school, and how has it prepared you for the future?”

Please be sure to include your name at the top of the page.

Thank you.

**Certification of Membership
In a North Fulton Council PTSA**

(Please print out this page for completion by the local PTSA Membership Chairperson. It should be completed by hand.)

I, _____ certify that _____
(PTSA Membership Chair) (Applicant)

is a member in good standing of the _____ PTSA in
(name of high school)

North Fulton County, having paid membership dues on _____.
(Date of payment)

Please list PTA/PTSA membership in prior years for this student and family, if known:

Years	Student	Family
2008-2009		
2009-2010		
2010-2011		
2011-2012		

Please list which offices and/or committees family members served on:

Signature of PTSA Membership Chairperson

Name of High School