

**2016-2017 Voluntarism Scholarship Application**

**Please consider this application for (check one only):**

* $1,000 award for excellence and leadership in ongoing volunteer activities
* $1,000 award for demonstrated leadership in a single community service volunteer project

**Student Information:**

|  |  |
| --- | --- |
| Name (Last, First, Middle) : |  |
| Street Address/Apt. No: |  |
| City, State, Zip Code: |  |
| Telephone Number: |  |
| Email address |  |
| Parent(s)/Guardian(s)  |  |
| Name of High School: |  |
| City, State, Zip Code: |  |
| Date of High School Graduation: |  |
| Name of Institution(s) to which you’ve been accepted (if known): |  |
| Intended Major: |  |
| Long Range Career Goals: |  |

**Please list the organizations where you currently volunteer.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Volunteer Organization & Location** | **Avg. Hours****per****Week** | **Volunteer****Duties** | **High School Course Requirement?** | **Supervisor Name/Phone:** | **Dates****Involved** |
| Example: XYZ Org., Trenton, NJ | 5 | Tutor | Yes ☐ No ☒  | Jane Doe 609-555-5555 | 9/2/01-present |
|  |  |  | Yes ☐ No ☐  |  |  |
|  |  |  | Yes ☐ No ☐  |  |  |
|  |  |  | Yes ☐ No ☐  |  |  |
|  |  |  | Yes ☐ No ☐  |  |  |

**Please list other organizations you have worked with as a volunteer during high school.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Volunteer Organization & Location** | **Avg. Hours****per****Week** | **Volunteer****Duties** | **High School Course Requirement?** | **Supervisor Name/Phone:** | **Dates****Involved** |
|  |  |  | Yes ☐ No ☐  |  |  |
|  |  |  | Yes ☐ No ☐  |  |  |
|  |  |  | Yes ☐ No ☐  |  |  |
|  |  |  | Yes ☐ No ☐  |  |  |

**Please provide a list of your leadership involvement during your junior or senior years with any special volunteer projects the committee should consider, i.e. book drive, walk for hunger.**

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| --- | --- | --- | --- | --- | --- |
| **Project Name** | **Avg. Hours****per****Week** | **Volunteer****Duties** | **High School Course Requirement?** | **Supervisor Name/Phone:** | **Dates****Involved** |
|  |  |  | Yes ☐ No ☐  |  |  |
|  |  |  | Yes ☐ No ☐  |  |  |

**Please describe the impact these experiences have had on you and on the persons and organization(s) served through your volunteer work.**  Please provide an essay detailing the volunteer experiences that you would like the selection committee to consider (additional pages can be attached if needed).

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1. **Briefly explain your work and family responsibilities.**

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1. **Please list your extracurricular activities both in and out of school, i.e. sports, dance, music, drama, etc.**

|  |  |
| --- | --- |
| Ex Example: PHS Student Council  | Ex Example: Main Street Ballet Troupe |
| 1.  | 4. |
| 2. | 5. |
| 3. | 6. |

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I hereby attest that all information on this form is true and correct:

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Signature of Applicant Date

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Signature of Parent or Guardian Date

**Applications must received by February 3, 2017. Please email your completed application to Deborah Vogel Brown, JLGP Grants & Scholarships Chair 2016-2017 at** **grantsandscholarships@jlgp.org**