



SENIOR SCHOLARSHIP APPLICATION

APPLICATION INFORMATIO	N:	
HIGH SCHOOL:		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
STREET ADDRESS:		APT. #:
CITY:	STATE:	ZIP:
PHONE:	E-MAIL:	
PARENT/GUARDIAN INFOR	MATION:	
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
PHONE:	E-MAIL:	
RELATIONSHIP TO APPLICANT:		
ACADEMIC DATA:		
HIGH SCHOOL GPA:	ARE YOU PLANNING TO ATT	END COLLEGE IN THE FALL?:
IF YES, WHERE ARE YOU INTERESTED IN ATTE	NDING?:	
ARE YOU RECEIVING ANY SCHOLARSHIPS?:	IF YES, PLEASE EXPLAIN:	
ACTIVITIES, AWARDS, HON	ORS:	
Lists all school activities in which you have pall community activities in which you have polympics) Note all special awards, honors and	participated during the past 4 years (ex: Starticipated during the past 4 years (ex: Bo	
ACTIVITIES, SPECIAL AWARDS, HONORS, OFFI	CES HELD	DATE OF PARTICIPATION

GOALS:
In the space provided, please summarize your future plans as they relate to your education and career objectives.
ESSAY:
JAG-ONE Physical Therapy Senior Scholarship Game will benefit Autism Awareness on Staten Island. Families with autistic childre
need to overcome many obstacles in their lives. In your life, what obstacles have you faced? How were you able to overcome them

ADDITIONAL SIGNATURE.	DATE
APPLICANTS SIGNATURE:	DATE:
PARENT/GUARDIAN SIGNATURE:	DATE: