

## Student Application for the Dr. Adrienne Robb-Fund/Fund Family Scholarship

PTA UNIT NAME: Lawrence High School PTA PTA UNIT CODE: 10-052

PTA UNIT PRESIDENT'S SIGNATURE: Richard Libbey

*Student must attend a high school in Nassau County with a PTA/PTSA unit in good standing.*

*The Adrienne Robb-Fund/Fund Family Scholarship is for a student who is graduating from a Nassau County Public high school and who demonstrated resiliency in overcoming obstacles to learning; be it academic, language, social, emotional or due to special needs. One \$500 scholarship shall be awarded annually.*

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # of Student: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_

Phone # of Parent/Guardian: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Guidance Counselor or Principal: \_\_\_\_\_

List your post-graduation plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your activities in school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any activities outside of school, including work experiences you have had:

\_\_\_\_\_

\_\_\_\_\_

**Please attach a statement of three to four paragraphs describing the obstacles you have faced and why you should be the recipient of this scholarship. The statement can be handwritten or typed.**

**I have read the information about this scholarship. My parent/guardian and I give permission for a designee of Nassau Region PTA to contact my guidance counselor should you require further information.**

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Check List: Please be sure that you have included all of the following:**

- ☐ PTA Unit President's Signature and PTA information
- ☐ Signatures from the student, parent or guardian, guidance counselor or principal
- ☐ Student statement

**Mail application to:**

Nassau Region PTA  
Fund Family Scholarship  
37 Chickadee Lane  
Levittown, NY 11756

**Application must be postmarked by March 15 of the student's graduating year.**