

**HALF HOLLOW HILLS SEPTA SCHOLARSHIP
APPLICATION FORM 2017**

Please complete all areas and return to your guidance counselor. All information will be kept confidential and only reviewed by the guidance counselor and scholarship committee.

If you need additional room for any answers please attach it on a separate sheet of paper.

Student's Name: _____

Student ID#: _____

High School Program: _____

Academic Accomplishments: Please provide information on your academic standing; progress, qualifications, awards, etc.

Please briefly describe how your disability has impacted your education and how you have learned to overcome these obstacles.

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Student Activities

Related Activities: Please list and describe any extra-curricular activities you have been involved in: community service, clubs, sports and work experience.

Organization/Activity	Years Involved	Description of involvement, position held, contributions, etc.

What are your educational plans beyond high school graduation?

I assert that the information I have provided is accurate.

PRINT STUDENT NAME

STUDENT SIGNATURE:

DATE

PRINT PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

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Faculty Recommendation Letter

Student's Name: _____ Student ID#: _____

The above named student is applying for the HHH SEPTA Scholarship Award for 2017. Please complete and return this form to Michelle Melfi, Coordinator of High School Special Education.

What qualities does this student possess that set him/her apart from their peers?

PRINT NAME

SIGNATURE

POSITION

DATE