



North Haven High School

North Haven Connecticut 06473

Student Name: _____
last name first name

NHHS PTSA Merit Scholarship Award Application

Each year, North Haven High School seniors have the opportunity to apply for scholarship awards to support them in their post-high-school endeavors. The objective of this program is to recognize seniors for their scholarship and contributions to the school and community.

All items on the application are to be completed and all information is considered confidential within the scoring committee. The application must be returned to Dr. Dallai's Office no later than **2:00 p.m. on Friday, April 7, 2017. Late and/or incomplete applications will not be considered.** Any questions regarding this application should be referred to your counselor or administrator.

Note: This application must be accompanied by two Classroom Teacher Rubrics

The following questions are necessary because some scholarships have specific criteria for their recipients.

1. Elementary School: Clintonville, Montowese, Green Acres, Ridge Road, Other _____

2. How many years (including this year) have you attended North Haven High School? _____

3. Is a family member employed by/retired from the NH School System? _____
Name/Position

4. What is your intended college major or area of study? _____

5. Do you intend to pursue any of the specific career areas listed below? **Please check ALL applicable.**

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Education: Elementary (Prek-6) | <input type="checkbox"/> Natural or Applied Science |
| <input type="checkbox"/> Agriculture or related field | <input type="checkbox"/> Education: Secondary (7-12) | <input type="checkbox"/> Nursing/PA/PT |
| <input type="checkbox"/> Art | <input type="checkbox"/> Engineering | <input type="checkbox"/> Optometry |
| <input type="checkbox"/> Auto Repair/Auto Body | <input type="checkbox"/> Firefighting | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Business | <input type="checkbox"/> Health Care (general) | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> History/Political Science | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Conservation/ Environment Ed | <input type="checkbox"/> Law | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Music | <input type="checkbox"/> Technology/Tech School |
| <input type="checkbox"/> Other: | | |

6. Are you or your parents/guardians members of any of the following?

- | | |
|---|---|
| <input type="checkbox"/> North Haven PTSA | <input type="checkbox"/> North Haven Grange #35 |
| <input type="checkbox"/> Knights of Columbus/Masons | <input type="checkbox"/> North Haven Rotary |

Please complete the following School Leadership and Involvement Chart

Please list your contributions to North Haven High School. For every contribution, obtain the initials of the adult responsible for supervising your activity/club/sport.

Years				Organization, Club, Sport	Activities/Position Held	Is This a Leadership Position?	Printed Name and Initials of Advisor/Responsible Adult
9	10	11	12				
						Yes / No	_____ Printed Name / Initials
						Yes / No	_____ Printed Name / Initials
						Yes / No	_____ Printed Name / Initials
						Yes / No	_____ Printed Name / Initials
						Yes / No	_____ Printed Name / Initials
						Yes / No	_____ Printed Name / Initials
						Yes / No	_____ Printed Name / Initials
						Yes / No	_____ Printed Name / Initials
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						Yes / No	_____ Printed Name / Initials
						Yes / No	_____ Printed Name / Initials
						Yes / No	_____ Printed Name / Initials

Submission Checklist

_____ Completed application (this form, both pages, legible)

_____ Two completed Classroom Teacher Rubrics attached (applications without these rubrics will be disqualified)

Applicant Name (Last Name, First Name)

Teacher Name (Last Name, First Name)

NHHS Scholarship Teacher Rubric

This form must be completed by two of the applicant's current or former classroom teachers.

Students must sign following waiver before submitting to teachers. By submitting this application I waive my right to access this form and understand that I will not see this form.

Student signature: _____

Teacher Instructions: Please evaluate the degree to which the following abilities and characteristics are apparent in the scholarship applicant in comparison with other students. Holistically assess the applicant's qualities by circling one number in each category and totaling at the bottom. Please submit the completed form to Nancy Curr in the principal's office.

Category	Outstanding	Above Average	Average	Below Average	Not Demonstrated
	<i>Stands out with these attributes (top 5-10%)</i>	<i>Clearly demonstrates these attributes (top 20%)</i>	<i>Demonstrates some of these attributes (top 50%)</i>	<i>Demonstrates only a few of these attributes (top 75%)</i>	<i>Does not demonstrate these attributes</i>
Diligence/Motivation: Student demonstrates academic and social initiative; seeks to improve learning without prompting; works well without direction	4	3	2	1	0
Interpersonal Skills: Exemplifies a positive attitude and enthusiasm; works well in and out of class with other students and/or faculty members; serves as a role model to peers in class	4	3	2	1	0
Leadership: Inspires positive behavior in others; is dependable in accepting responsibility; demonstrates organizational skills and follow through	4	3	2	1	0
Citizenship: Follows school rules; is a role model to peers; demonstrates respect for members of the school community	4	3	2	1	0

Total Score:

Teacher Signature:

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