

**City of Medicine Academy
Parent Teacher Student Association
Senior Scholarship Application
Spring 2019**



CMA PTSA Scholarship: *Each year, the CMA PTSA awards a \$250 financial scholarship to one male and one female graduating senior for scholastic achievement and extracurricular involvement.*

Parent/Guardian must complete the top portion of the application. Please print clearly in black/blue ink, or you may type the application.

Name of Student _____ Grade: _____ Homeroom Teacher _____

Name(s) of Parent/Legal Guardian that student resides with _____

Student's Home Address _____

CONTACT INFORMATION			
Mother/guardian	Email Address:	Phone Number	Mailing Address
Father/guardian	Email Address:	Phone Number	Mailing Address

PLEASE READ CAREFULLY: An official transcript must be provided to verify grade point average.

_____ Grade Point Average (unweighted)

_____ GPA Weighted

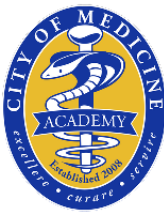
SECTION 1 – STUDENT INFORMATION

Student Name _____

Please answer the following questions to the best of your ability.

If you could be a super-hero, who would you be and why? What would you do to lead positive change?

Famous quote and how you apply it to your life; and to inspire others?



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Student Name _____

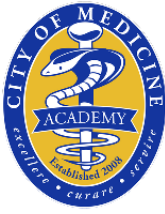
SECTION 2 – CURRICULAR AND EXTRACURRICULAR ACTIVITIES:

Please list your extracurricular, hobbies and family activities you are currently involved in and plan to continue or will begin engaging in while being a student at the CMA.

<i>Sport(s)</i>	<i>Club(s)</i>	<i>Community Activities</i>	<i>Volunteer activities</i>

SECTION 3 – ESSAY:

Write a short essay (200 words or less) about on how this CMA PTSA Scholarship will assist you in pursuing your career goals. Please use the space provided below.



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CMA ACADEMIC/ADMINISTRATIVE RECOMMENDATION

To the applicant: Please complete the top section and give this form to one of your CMA teachers to complete.

Student's Name _____
Last
First
Middle

How long have you known the applicant? _____
 In which grade and subject did you teach this applicant? _____

To the Recommender. Please use this form to share your perception of this student as a CMA PTSA Scholarship recipient. Thank you for your assistance.

Please Check as applicable	Exemplary	Acceptable	Needs Improvement	N/A or Unknown
Actively engages in collaborative group work				
Verbal Communication skills				
Leadership skills				
Overall quality of academic work				
Dependability/reliability				
Classroom behavior				

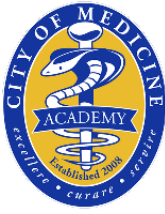
Comments:

Name of Reference _____ Title _____

Department/Organization _____ Phone _____

Email Address: _____

Signature _____ Date _____



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CMA PEER RECOMMENDATION

To the applicant: Please complete the top section and give this form to one of your CMA teachers to complete.

Student's Name _____
Last
First
Middle

How long have you known the applicant? _____

What is your association with the applicant? _____

To the Recommender. Please use this form to share your perception of this student as a CMA PTSA Scholarship recipient. Thank you for your assistance.

Please Check as applicable	Exemplary	Acceptable	Needs Improvement	N/A or Unknown
Ability to inspire /encourage classmates				
Social media etiquette				
Leadership skills				
Trustworthiness				
Dependability/reliability				
Classroom behavior				

Comments:

Name of Reference: _____

Grade _____

School: _____

Email: _____

Signature _____

Date _____