



## THE SANDRA M. GLAZIER MEMORIAL SCHOLARSHIP

### APPLICATION FORM

Please return this form (completed front and back), your Student Aid Report (SAR), two letters of recommendation, your three personal essays, a copy of your college acceptance letter and financial aid award letter (if available), a letter of support and validation from a treating physician, and your high school transcript to the Princeton Area Community Foundation at the address below by **March 1**.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

High School(s) attended:

Name	Address	Dates

Name	Address	Dates

Graduation Date: \_\_\_\_\_ College/Institution I plan to attend: \_\_\_\_\_

beginning date: \_\_\_\_\_

(Please attach a copy of your acceptance letter)

I intend to study: \_\_\_\_\_



LEADERSHIP/COMMUNITY SERVICE ACTIVITIES: (Attach an additional sheet if necessary.) Please list all the ways you have been a leader or active volunteer in your school and community.

ACTIVITY	DATES	LEADERSHIP, if any
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXTRACURRICULAR ACTIVITIES: (Attach an additional sheet if necessary.) List all school and/or individual activities in which you have participated in the last four years (sports, the arts, student government, clubs, volunteer projects, religious groups, scouting, etc.).

ACTIVITY	DATES	HONORS/LEADERSHIP, if any
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE: (Attach an additional sheet if necessary.) List any paid work experiences you have had in the past four years.

POSITION	HRS PER WEEK	DATE FROM ... DATE TO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission is granted to publicize receipt of the scholarship if this application is selected.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_