EAST STROUDSBURG HIGH SCHOOL

JOSEPH M. KULICK MEMORIAL SCHOLARSHIP

NAME_____ _____ _____
Last First M.I.

ADDRESS_____ _____, PA____

PARENTS'/GUARDIANS'NAMES_____

HOME TELEPONE NO_____DAYS OF ABSENCE_____
BUSINESS, TRADE OR TECHNICAL SCHOOL ATTENDING IN 2008
_____ _____
NINTH

_____
TENTH

_____
ELEVENTH

_____
TWELFTH

INTENDED PROGRAM OF STUDY_____

A REQUIREMENT OF THIS SCHOLARSHIP IS INVOLVEMENT IN VOLUNTEER WORK IN THE COMMUNITY, SUCH AS VOLUNTEER FIRE COMPANY, AMBULANCE CORPS, ETC. FOR SIX MONTHS OR MORE. IN THE SPACE BELOW INDICATE YOUR INVOLVEMENT IN VOLUNTEER WORK IN THE COMMUNITY. NOTE; A WRITTEN RECOMMENDATION FROM AN ADMINISTRATOR IN EACH ORGANIZATION LISTED MUST ACCOMPANY THIS APPLICATION.

Name of Organization	Period of Service	Administrator's Name

A WRITTEN RECOMMENDATION FROM A TEACHER, PRINCIPAL, COUNSELOR, OR OTHER RESPONSIBLE MEMBER OF THE COMMUNITY IS ALSO REQUIRED FOR THIS SCHOLARSHIP. PLEASE ATTACH THE RECOMMENDATION, OR HAVE IT MAILED TO THE ATTENTION OF THE GUIDANCE OFFICE. COMPLETE THE INFORMATION BELOW.
Recommendation from_____ mailed
attached