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Franklin Township Civic League *Community Service Scholarship Application*

The **Community Service Scholarship** was established in 1998. The scholarship is awarded each year to a Franklin Township resident who is a graduating high school senior to assist with the costs of continuing education.

- 1) **The primary qualifying requirement for the scholarship is significant volunteer participation in the community.**
- 2) Applicants must have a minimum cumulative grade point average of “C”, or the equivalent, in order to be considered and should provide a copy of a transcript verifying current academic standing.
- 3) Letters of recommendation may be included with the application.
- 4) Additional sheets may be attached to describe volunteer activities.

The completed Scholarship application packet may be delivered to:

All applications for the 2010 Community Service Scholarship must be postmarked or delivered by March 31, 2010.

Scholarship Selection Committee
Franklin Township Civic League
8822 Southeastern Avenue
Indianapolis, IN 46239

NAME OF APPLICANT: _____

Address: _____ City and Zipcode: _____

Phone Number: _____ Email: _____

High School: _____ Graduation Date: _____

Please list the names of the Post secondary institutions to which you have applied:
(may be academic and/or vocational)

Have you been accepted:

_____	yes _____	no _____
_____	yes _____	no _____
_____	yes _____	no _____

Briefly describe your future education plans and career goals:

Student's Signature _____ Date _____

Volunteer Community Service
attach additional sheets if necessary

Type of Service: _____

Agency Name: _____ Contact Name: _____

Telephone: _____ Email: _____

Dates of Service: _____ Time Commitment (hours per month or week): _____

Explain your participation and responsibilities (attach additional sheets if necessary):

Type of Service: _____

Agency Name: _____ Contact Name: _____

Telephone: _____ Email: _____

Dates of Service: _____ Time Commitment (hours per month or week): _____

Explain your participation and responsibilities (attach additional sheets if necessary):

Type of Service: _____

Agency Name: _____ Contact Name: _____

Telephone: _____ Email: _____

Dates of Service: _____ Time Commitment (hours per month or week): _____

Explain your participation and responsibilities (attach additional sheets if necessary):

Student's Name _____

Date _____

Extra-Curricular Activities
attach additional sheets if necessary

Type of Activity: _____ Contact Name: _____

Telephone: _____ Email: _____

Dates of Activity: _____ Time Commitment (hours per month or week): _____

Explain your participation and responsibilities (attach additional sheets if necessary):

Type of Activity: _____ Contact Name: _____

Telephone: _____ Email: _____

Dates of Activity: _____ Time Commitment (hours per month or week): _____

Explain your participation and responsibilities (attach additional sheets if necessary):

Type of Activity: _____ Contact Name: _____

Telephone: _____ Email: _____

Dates of Activity: _____ Time Commitment (hours per month or week): _____

Explain your participation and responsibilities (attach additional sheets if necessary):

Student's Name _____

Date _____