



Joe & Sue Moore Memorial PTC Scholarship Application Form



NAME:						
ADDRESS:						
CITY/STATE/ZIP:						
TELEPHONE:						
HIGH SCHOOL:						
COLLEGE/UNIVERSITY TO BE ATTENDED & DATE OF ENTRY:						
PTC MEMBERSHIP IN NAME OF:						
CLASS STANDING:			OUT OF		GPA:	

ON SEPARATE SHEET, PLEASE PROVIDE THE FOLLOWING:

- 1) HIGH SCHOOL TRANSCRIPT TO DATE OF SUBMITTAL.
- 2) TWO LETTERS OF RECOMMENDATION.
 - A) ONE FROM THE TRACK/CROSS COUNTRY COACH.
 - B) ONE FROM A PERSON OF THE APPLICANT'S CHOICE.
- 3) AN ESSAY RELATING THE APPLICANT'S RUNNING EXPERIENCE TO APPLICANT'S EDUCATIONAL ASPIRATIONS AND HIS/HER OUTLOOK FOR THE FUTURE.
- 4) ANY OTHER INFORMATION THE APPLICANT FEELS IS PERTINENT TO THE SELECTION PROCESS.

APPLICANT'S SIGNATURE:	
DATE SUBMITTED:	

FOR SCHOLARSHIP COMMITTEE'S USE ONLY

DATE RECEIVED:	
FOR YEAR:	
ACTION TAKEN:	
BY:	
DATE:	