



# Joe & Sue Moore Memorial PTC Scholarship Graduating Class of 2026



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

COLLEGE/UNIVERSITY TO BE  
ATTENDED & DATE OF ENTRY: \_\_\_\_\_

PTC MEMBERSHIP IN NAME OF: \_\_\_\_\_

CLASS STANDING: \_\_\_\_\_ OUT OF \_\_\_\_\_ G.P.A. \_\_\_\_\_

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 OR OTHER ATHLETIC 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: \_\_\_\_\_