

## **THOMAS P. SMITH MEMORIAL SCHOLARSHIP**

**CHAIRMAN:** Donald W. Schuld  
3 Mildred Terrace  
Flanders, NJ 07836  
Home: 973-584-9634      Office: 973-927-0242

**PURPOSE:** To recognize an outstanding student in Roxbury High School who has:

1. A good academic record;
2. Demonstrated an awareness of community needs;
3. Initiated or participated in a plan of action to help his or her community;
4. Will be a graduating senior of Roxbury High School.

**TYPE:** An award in the amount of \$1,000 upon certification of attendance at an institution of higher learning.

**METHOD OF SELECTION:** The recipient shall be selected by a committee composed of the scholarship chairman and others formerly associated with Thomas P. Smith.

**DATE OF AWARD:** Annually at the Senior Awards Program or at any alternate date decided by the committee.

**Return completed applications to Roxbury HS Guidance Office by March 22, 2010.**

**THOMAS P. SMITH MEMORIAL SCHOLARSHIP  
APPLICATION**

1. NAME \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

3. PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

4. Name of College or University to which you've been accepted:

\_\_\_\_\_

5. Planned major \_\_\_\_\_

6. List all extra curricular activities you have actively participated in. Include teams, clubs or other organizations, plus any offices held.

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7. List all community activities you have been involved in, including organization names and any offices held and any specific projects you have lead or participated in.

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8. List any employment experiences.

Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**9. Describe any family circumstances or financial problems which might be of importance to a scholarship committee.**

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**10. Attach paper to add any comment you wish in support of your application or to expand or clarify any other item on this application. DO NOT SIGN YOUR NAME.**