

DATE: 3 / 3 / 17

Scholarship Criteria Information

Make any necessary changes to the right of the current information. Any additional changes may be made at the bottom of this form.

Scholarship Name: Port Jervis Varsity Club Scholarship, '17

Due Date to Guidance: n/a

Amount of Donation: \$ 300.00

Criteria #1: This student must be a member of the Port Jervis High School Senior Class and Varsity Club.

Criteria #2: This award is presented to the Varsity Club Member who has worked very hard on behalf of and for the Club.

Criteria #3:

Contact: PJHS Athletic Director

Organization: Port Jervis HS Varsity Club

Address: 10 Route 209, Port Jervis, NY 12771

Email: rsemerano@pischools.org (or acting AD) or ldavenport@pischools.org

Phone Number: 845 - 858 - 3101 ext: 11881

Fax: - -

Notification Instructions/Special Requests:

Decision by: PJHS AD/office

Matriculation/Check: check

Money from: PJHS Varsity Club

Please Choose one and List Additional Changes/Information below:

X This is a new scholarship. NO APP REQUIRED—at the discretion of the AD

This scholarship application has not changed. We would like to receive the applications by
(date)

This scholarship application has changed. We will send you an updated application on or before
November 1st, if at all possible or by

This scholarship will not be offered this year but please contact us next year.

This scholarship will no longer be available.

Date: 3/3/2017

SCHOLARSHIP APPROVAL FORM

TO: Board Members of the Port Jervis School District
Administration of the Port Jervis School District

RE: New Scholarship: (name) Port Jervis Varsity Club Scholarship, '17

Award Amount: \$300.00

Dear Sir/Madam,

Please consider this request for approval on the above named scholarship to be offered to the students of the Port Jervis School District.

This scholarship will be a: One-time offering for this year
 Offered each year until further notice

Monies will be disbursed from: Escrowed into account at Thompson Street
 Check written by scholarship organization

Please see attached Scholarship Criteria Information for your review.

Thank you for your consideration.

Requested by: (Print Name) Ronald Semerano

(Signature) *Ronald J Semerano*

AGENDA DATE: 3/21/2017

APPROVED DENIED

cc: Scholarship Organization / Benefactor
Jeanmarie Schields / HS Guidance
Debbie Rutt / Business Office