

DATE: 8 / 30 / 2017

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: **PJHS Golf Team Scholarships**

Due Date to Guidance: **3/1**

Amount of Donation: **\$500.00 with an opportunity to be renewed in subsequent years of undergraduate education.**

Criteria: Criteria #1 **This student must be a member of the boys or girls PJHS Golf Team**

Criteria #2 **One award is presented to a female golf team member**

Criteria #3 **One award is presented to a male golf team member**

Contact: **John Bell**

Organization: **PJHS & DVHS Golf Teams Scholarship Tournament Committee**

Address:

Email: **jbell@dvsd.org**

Phone Number: **570- 296 - 1804**

Fax: **570- 296 - 3172**

Notification Instructions/Special Requests: **No application required**

Decision by: **PJHS & DVHS Golf Teams Scholarship Committee**

Matriculation/Check:

Money from: **The PJHS & DVHS Golf Teams Scholarship Committee**

Please Choose one and List Additional Changes/Information below:

No application required
 This is a new scholarship. Please use PJHS General Application or Application enclosed

_____ 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: 8/30/2017

SCHOLARSHIP APPROVAL FORM

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

RE: New Scholarship: PIHS Golf Team Scholarships

Award Amount: \$500.00 with an opportunity to be renewed in subsequent years of undergraduate education.

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) John Bell (and The PIHS Golf Tournament Committee)

(Signature) 

AGENDA DATE: _____

APPROVED

DENIED

cc: Scholarship Organization / Benefactor

Jeanmarie Shields / HS Guidance

Debbie Rutt / Business Office