

Chehalem Elementary
Parent Teacher Organization

ALUMNI SCHOLARSHIP APPLICATION

STUDENT NAME: _____

STUDENT ADDRESS: _____

STUDENT EMAIL: _____ STUDENT PHONE: _____

PARENT EMAIL: _____ PARENT PHONE: _____

YEAR(S) THAT YOU ATTENDED CHEHALEM: _____

COLLEGE REGISTRAR PHONE: _____

COLLEGE REGISTRAR ADDRESS: _____

CURRENT SCHOOL YEAR: _____

Only applications with all of the items listed below will be considered.
Attach all items to one email and submit to president@chehalemppto.org.

1. Application
2. Personal Statement
3. Unofficial Transcript
4. List of all high school activities, clubs, teams etc.
5. Letter of recommendation from a Beaverton School District faculty member
6. Personal letter of recommendation
7. Proof of minimum 10 community service hours served between Sept. 1 & May 15 of current school year

INTERNAL USE ONLY:

Date Received: _____

Complete (circle one): yes no

Reviewer Score: ____ Initials: ____

Average Score: _____

Awarded: (circle one) yes no

Notification date/method: _____