



**DR. MICHAEL M. KROP PTSA ANNUAL SCHOLARSHIP**  
*Dr. Michael M. Krop Senior High School*  
*1410 Countyline Road*  
*North Miami Beach, Florida 33179*  
*305-652-6808*

**SCHOLARSHIP VALUE:**

The PTSA scholarship is for at least \$500.00. This will be awarded to a deserving senior with financial needs who seeks to obtain a post-secondary education, to include; vocational/ technical, 2-year, or 4-year degree. The funds will be sent directly to the students upon certification by the institution of the student's enrollment. Scholarship monies shall be applied to tuition, textbooks, and necessary school-related expenses.

**Eligibility:**

1. Students must have an unweighted high school grade point average of at least 2.2.
2. Both residency and non-residency status are acceptable.
3. Enrolled in a vocational/technical, 2-year or 4-year post-secondary educational institution.
4. Submit a completed application with the required forms and documents by the April 30<sup>th</sup>, 2008 due date.

**PROCEDURES:**

1. Contact the school's College Advisor, Mr. Roddy or the PTSA council for application form.
2. Complete the application and submit it along with the required essay and supporting documents.
3. Applicants must show evidence of financial need.
4. Obtain transcript of grades.
5. One letter of recommendation from teacher, counselor or community leader.
6. Place Application, essay, transcript, reference letter in **a large manila envelope** and submit it to Mr. Roddy, CAP Advisor, Room 2186A.
7. **Deadline April 30<sup>th</sup> 2008, no exceptions.**

**Applications will not be accepted for consideration unless required materials are attached.**

**Essay:**

*1 page typed (double-spaced)*

Explain how this scholarship would assist you in your future education. You may include but are not limited to, a brief autobiography, interests and hobbies, important events in your life, goals and ambitions, special school or community activities and awards. Be sure to include any extenuating circumstances, which might contribute to your consideration. **In the event of applications with similar qualifications, this essay will be an important factor.**

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*Must be returned to the CAP office by April 30<sup>th</sup> 2008*  
*(Please type or print)*

**Student Information**

Name: \_\_\_\_\_ Age \_\_\_\_\_  
                    Last                      First                      Middle  
Address: \_\_\_\_\_  
                    Street                      City                      Zip  
Telephone: ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
U.S. Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No Florida Resident \_\_\_\_\_ Years \_\_\_\_\_ Months  
Graduation Date \_\_\_\_\_  
Guidance Counselor \_\_\_\_\_  
Grade Point Average \_\_\_\_\_  
School you plan to attend \_\_\_\_\_  
Field of Study: \_\_\_\_\_

**Family Information**

Father: \_\_\_\_\_  
Address \_\_\_\_\_  
                    Street                      City                      State                      Zip  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Mother: \_\_\_\_\_  
Address \_\_\_\_\_  
                    Street                      City                      State                      Zip  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Annual Family Income: \_\_\_\_\_ Other income: \_\_\_\_\_  
Dependents living at home:  
                    Brother/Sisters \_\_\_\_\_ Ages: \_\_\_\_\_  
                    Others \_\_\_\_\_ Ages: \_\_\_\_\_  
What other Scholarships and Grants have you applied for and received:  
Applied: \_\_\_\_\_  
Dollar amount Received: \_\_\_\_\_

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