

## The Pat Needles Memorial Scholarship Application

The Pat Needles Memorial Scholarship fund is a \$500.00 scholarship which is awarded annually to a student who maintains a cumulative grade average of 2.0-2.9 through the third nine weeks of the grading period of their senior year. The candidate for graduation, parent(s) or legal guardian must be a paid member of the Pleasant PTO for the current school year prior to January 1, 2026. The Pat Needles Memorial Plaque reads:

*The Pat Needles Memorial Scholarship is dedicated to the memory of a mother who valued the importance of an education. She treasured books and enjoyed finding the learning opportunities that life offered on a daily basis.*

An appointed Pleasant PTO Committee will anonymously evaluate the scholarship applications based on the following criteria:

- Cumulative Grade Point Average of 2.0 -2.9 through the third nine weeks of the grading period of their senior year.
- Awards, Honors, and/or Achievements
- Participation in School Activities
- Participation in Out-of-School
- Activities Community Involvement

The following items must be attached to the application to qualify for this scholarship:

1. **Application** including name of student, address and signature of parent/or legal guardian.
2. **Essay**- must be typed on no more than one 8 ½ x 11-inch standard page of white paper.
3. **Transcript** - item does not have to be notarized.
4. **Academic Teacher Reference** - Math, Science, etc. Please use the attached Academic Teacher Recommendation Form. The form must be signed by the teacher.
5. **Teacher Reference** - Reference can be teacher or coach from other fields of study or activity. Please use Teacher Reference Form. The form must be signed by the teacher.
6. **Outside Reference** - Please have the Outside Reference(s) completed on Standard size 8 ½ x 11-inch paper. It may be typed or handwritten but must be signed.

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**Return to PHS Guidance Office Application**

**Deadline: April 1, 2026**

**NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE**

**Applicant Number: \_\_\_\_\_**

## **Pat Needles Memorial Scholarship Application**

### **Application Documentation**

Attach a document on standard size paper listing the following information for your Freshman through Senior years.

1. High school activities and offices held.
2. Out Of School Activities (i.e. work, experiences, scouts, etc.)
3. Awards, Honors, and Achievements both in and out of school.
4. Community Involvement

### **Essay**

One Standard typewritten page answering the question:

"How will this scholarship help me towards my future career goals?"

Applicant Number: \_\_\_\_\_

## Pat Needles Memorial Scholarship Application

### Academic Teacher Recommendation Form

Applicant: \_\_\_\_\_

Recommendation must come from one teacher you have had for at least one complete grading period.

Academic Teacher should rate the following questions as:

5 - exceptional, 4- above average, 3 - average, 2 - below average, 1 - poor effort

\*Effort Given: \_\_\_\_\_

\*Responsibility: \_\_\_\_\_

\*Initiative: \_\_\_\_\_

\*Dependability: \_\_\_\_\_

\*Cooperation: \_\_\_\_\_

\*Leadership: \_\_\_\_\_

\*Citizenship: \_\_\_\_\_

\*Character: \_\_\_\_\_

In the space below, please share any additional information about the applicant that would help the scholarship committee evaluate said applicant for the Scholarship. (Please omit the applicant's name.)

You may attach a separate sheet if preferred/needed.

---

---

---

---

Academic Teacher Signature: \_\_\_\_\_

Applicant Number: \_\_\_\_\_

## Pat Needles Memorial Scholarship Application

### Teacher Recommendation Form

Applicant: \_\_\_\_\_

Recommendation must come from one teacher you have had for at least one complete grading period.

Teacher should rate the following questions as:

5 - exceptional, 4- above average, 3 - average, 2 - below average, 1 - poor effort

\*Effort Given: \_\_\_\_\_

\*Responsibility: \_\_\_\_\_

\*Initiative: \_\_\_\_\_

\*Dependability: \_\_\_\_\_

\*Cooperation: \_\_\_\_\_

\*Leadership: \_\_\_\_\_

\*Citizenship: \_\_\_\_\_

\*Character: \_\_\_\_\_

In the space below, please share any additional information about the applicant that would help the scholarship committee evaluate said applicant for the Scholarship. (Please omit the applicant's name)

You may attach a separate sheet if preferred/needed.

---

---

---

---

Teacher Signature: \_\_\_\_\_

Applicant Number: \_\_\_\_\_

## Pat Needles Memorial Scholarship Application

### Reference Form

Applicant: \_\_\_\_\_

Please use this form to provide your outside reference letter, or you may attach your reference letter to this form. The person providing the reference may type or hand write the reference letter. Reference letter **MUST be signed and dated** by the person providing the reference.