



The Danielle Alduino Memorial Scholarship Award

The Danielle Alduino Scholarship Award is awarded to a graduating public high school senior who has dedicated themselves to community service.

This memorial award is dedicated to the memory of Danielle Alduino, past Suffolk Region PTA District Director, who believed in giving back to the community. She spent many years advocating for children by volunteering in her local PTA, Suffolk Region PTA and the New York State PTA Board of Managers where she served as a Vice President.

Amount:

\$250.00 to be presented at the annual Presidents' and Principals' Dinner

Criteria:

- A graduating public High School Senior from a PTA/PTSA unit in good standing.
- Community service
- A one page personal statement explaining what has been done and how it has benefitted the community
- One letter of recommendation from a teacher, guidance counselor, administrator etc. **and** one letter of recommendation from the organization where the community service has taken place.

Applications:

Can be obtained from the Suffolk Region Director or can be found at www.suffolkpta.org. Each HS PTA/PTSA may submit only ONE applicant for consideration

Deadline:

Completed applications must be sent to the Suffolk Region Director postmarked no later than November 30th.

Selection of Winner:

Applications will be reviewed by a committee appointed by the Region Director consisting of members of the Board of Managers.

Winner will be notified by January 1st and will be invited to attend the Suffolk Region Presidents' and Principals' dinner in mid January.

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APPLICATION FORM

STUDENT AND SCHOOL INFORMATION:

Student's Name _____ Tel. No. (____) _____

Student's Address _____

City/Town _____, New York Zip Code _____

Name of High School _____

Address of School _____

City/Town _____, New York Zip Code _____

Name of Principal _____ Tel. No. (____) _____

PTA UNIT INFORMATION:

Name of PTA/PTSA Unit in Good Standing _____

Unit Code Number **05-**____ Name of Unit President _____

Address _____

City/Town _____, New York Zip Code _____

Signature of Unit President _____

PTA UNIT AWARD SELECTION COMMITTEE INFORMATION:

Name of Chairman _____ Tel. No. (____) _____

Address _____

City/Town _____, New York Zip Code _____

Signature of Chairman _____ Date _____

Make sure all lines on this sheet are filled in. THANK YOU for your participation in this PTA award process.

COMPLETED APPLICATIONS WITH ATTACHMENTS MUST BE POSTMARKED, BY NOVEMBER 30th TO BE CONSIDERED. FAX COPIES ARE NOT ACCEPTABLE.

FOR OFFICE USE ONLY

BYLAWS INSURANCE MEMBERSHIP INITIALS _____

