**Reference:** Please give us the name of an adult in your community (**NOT** one of your parents or relatives) who is familiar with your accomplishments. We may choose to contact this person if you are a finalist

a mange.
Name
Relationship to applicant
Address
City State Zip
Phone ()
<b>Authenticity:</b> I submit this application and pledge that all the information I have provided is complete and accurate.
Signature Date
TO BE COMPLETED BY PARENT/GUARDIAN IF ENTRANT IS UNDER 18 YEARS OF AGE: Parent or Legal Guardian's Full Name:
Parent or Legal Guardian's Home Address:
Street
CityState Zip
Phone ()
Parent or Legal Guardian's Work Telephone Number:
(If available) ()
Parent or Legal Guardian's Cell Telephone Number:
(If available) ()
Parent or Legal Guardian's E-Mail Address:
BOTH THE APPLICANT AND HIS/HER PARENT OR LEGAL GUARDIAN (I APPLICANT IS A MINOR) NEED TO SIGN BELOW IN ORDER FOR THE APPLICATION TO BE CONSIDERED.
By signing this form, I represent and warrant that: (i) the application and Description included is student's original, previously unpublished work (ii) I give consent to the Sponsor to verify student's class standing and a other information contained herein, and (iii) I have carefully read and agree to be bound by the Official Rules of the Competition. I acknowledge an agree that upon application in this Competition, ERCA will own and admin ister 100% of the copyright in the submitted Description, with the perpetual right to use such Description in any manner in any and all media. I further agree to assume the risks of participating in this Competition on behalf of myself or the minor named herein, as the case may be.

Parent or Legal Guardian's Signature

**Student's Signature** 

Mail this application and related items to:

ERCA Community Contribution Scholarship Committee
Educational Research Center of America
P.O. Box 9005, Farmingdale, NY 11735



A Nonprofit Entity

## **Community Contribution Scholarship Application**



Rewarding students who gave of themselves to their community

If you are a high school student and plan to continue your education beyond high school, you may be eligible to apply for this scholarship!



## **ERCA Community Contribution Scholarship Application**

Legibly print information in blue or black ink or type clearly and neatly and **complete both sides of this application**. Applications must be postmarked between July 27, 2015 and July 15, 2016 and received by July 26, 2016. Notifications will be mailed to semi-finalists on or about August 22, 2016. Award winners will be announced on or about January 5, 2017. Semi-finalists will be required to verify all data submitted. Awards will be mailed to designated schools at the start of each award winner's first appropriate college semester.

Information provided by applicants, including name, address, and other contact information, will be used to communicate with applicants regarding this Competition and as described in the Sponsor's Privacy Policy available at www.studentresearch.org.

## STUDENT INFORMATION Student Name \_\_\_\_ Student Address State Zip Code Phone Number (\_\_\_\_\_) \_\_\_\_\_\_ Student email \_\_\_\_\_\_ What grade are you in? What year will you graduate from High School? School Address State Zip Code City School's Phone Number ( ) What is your guidance counselor's name? QPA/GPA (CUM ON 4.0 SCALE) CLASS RANK SIZE OF CLASS YEAR OF GRADUATION $\square A+ \square A \square A- \square B+ \square B \square B- \square C+ \square C$ □ C- □ Other Approximate Average Community Contribution: Briefly describe a unique project that you created in response to a need or problem in your community. Describe the action plan that you developed to address this need or solve this problem, how you implemented it, and how the results benefitted your community. Attach an additional page if you need more space. Honors and Awards: List any academic, community, or school-related honors or awards you have received: School and Community Activities including Work Experience: