



Building Leaders  
Leaving a Legacy

Cardinals

CUNNINGHAM CREEK ELEMENTARY

1205 Roberts Road  
St. Johns, FL 32259  
904.547.7860 ♦ 904.547.7854 Fax

Jud Strickland, Principal

## PARENT TEACHER ORGANIZATION PTO Scholarship 2017 Application

**Eligibility:** Any student who attended Cunningham Creek Elementary School, and is a member of a graduating High School Class of 2017. Students must have a definite plan to further their education at a recognized post-secondary, degree, or certificate-granting school for the 2017-2018 academic year, or The United States of American Military. We recognize all CCE students, past and present, as having the potential for greatness in their academic and personal lives.

**Requirements:** (1) Complete the Application. (2) Write a 500-word essay detailing your favorite memories of Cunningham Creek Elementary School and how it affected you and shaped you as a student and a person. (3) High School Guidance Counselor verification form.

One \$750.00 scholarship will be rewarded each year.

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Parent's Name(s) \_\_\_\_\_

Years attended CCE: \_\_\_\_\_

High School from which you are graduating: \_\_\_\_\_

List the school or military program that you plan to attend and the degree, field or program in which you will study

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Guidance Counselors: PLEASE RETURN VERIFICATION, APPLICATION & ESSAY BY APRIL 3, 2017. APPLICATIONS MUST BE MARKED REC'D AT CCE BY APRIL 3<sup>rd</sup>.

Return to: Cunningham Creek Elementary School  
Attn: PTO Scholarship Committee  
1205 Roberts Road  
St. Johns, FL 32259

PARENT TEACHER ORGANIZATION

*"Committed to Communicating, Caring and Achieving Excellence for Lifelong Learning"*

# PTO Scholarship 2017 Application

## GUIDANCE COUNSELOR VERIFICATION FORM

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Post Secondary Plan: \_\_\_\_\_

Guidance Counselor Name: \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_

Guidance Counselor Contact #: \_\_\_\_\_

Date: \_\_\_\_\_

**All questions should be directed to:**

CCE /PTO Presidents

Stephanie Bradford

Jan Michelsen

CunninghamCreekPTO@Gmail.com