

## ROBERT M. TREGONING MEMORIAL SCHOLARSHIP

### Scholarship Description

The Robert M. Tregoning Memorial has been established to encourage and support a deserving student in his/her quest for a higher education. The scholarship will be awarded to a high school senior who will be enrolled in a full time undergraduate program at an accredited university/college for the fall term. The recipient will be selected based upon demonstrated leadership, community service, character and academics. The scholarship can be used for tuition, books, or room and board, and is set up directly with the college. The scholarship will be awarded in June. Awardees that successfully complete each academic year may be eligible for additional scholarship grants.

Application must include:

- 1) a completed application, stating the name of the school of your choice
- 2) two letters of recommendation
- 3) official transcript for grades 9-12 and official SAT or ACT scores
- 4) an essay of no more than 500 words describing the applicant's educational and personal goals and why he/she deserves the award.

<b>Application deadline</b>	Application must be postmarked by April 14
<b>Number of Awards</b>	1
<b>Scholarship Amount</b>	\$2,000
<b>Contact</b>	Robert L. Tregoning 1620 Rainbow Drive Silver Spring, MD 20905 (301) 879-1772 rtregoning@verizon.net

**ROBERT M. TREGONING MEMORIAL SCHOLARSHIP**

**STUDENT APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

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

**EXTRACURRICULAR ACTIVITIES** (sports, student government, clubs, etc.)

Activity	# Years Participated
_____	_____
_____	_____
_____	_____

**COMMUNITY ACTIVITIES** (religious groups, camps, volunteering, scouting, 4-H, etc.)

Activity	# Years Participated
_____	_____
_____	_____
_____	_____

**WORK EXPERIENCE**

Position	Employer	Dates From/To
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature \_\_\_\_\_ Date \_\_\_\_\_