

SCHOOL & COMMUNITY ACTIVITIES AND EMPLOYMENT HISTORY

List activities in which you have participated during the *last three years*. (School clubs, student government, publications, varsity or club sports, theater arts, scouting, 4-H, etc.) Please define any acronyms.

Activity	Dates of Participation	Office/Position Held <small>(indicate either Elected or Appointed)</small>	Awards or Honors
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____

List community agencies or organizations in which you have participated **without pay** during the *last three years*. (Religious groups, hospital volunteer, cultural activities, outreach programs, etc.)

Name of Agency or Organization	Kind of Activity	Dates of Participation	# of Hours
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year

If you served as a leader or coordinator in one or more of the activities or organizations cited above, please choose one, detail your responsibilities, and explain the significance of your contribution to the organization.

List jobs (including summer employment) you have held in the *last three years*.

Employer or Type of Business	Job or Type of Work	Period of Employment	Dates of Employment	Hours per Week
_____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year	_____	_____

Of all your courses, activities, internships, and work experience, which one did you find most rewarding or personally satisfying? Explain why.

RECOMMENDATION REQUIREMENT

Two letters of recommendation are required:

- The **first letter** of recommendation should be provided by a guidance counselor, advisor, teacher/instructor, or school official who is familiar with your academic work.
- The **second letter** may come from a similar academic source, or from a personal contact (not a friend, classmate, or family member) that has knowledge of your activities outside the classroom (e.g. extracurricular activities, community service, work experience, etc.).

AUTHORIZATION/CERTIFICATION

Please review your responses, sign your name below, and give this form to a school/college official for completion. Your signature will authorize your school to release the information requested, including class rank and test scores, and certify that all information you entered on this form is accurate and true. **NOTE: IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR SCHOOL RELEASES THE REQUESTED INFORMATION BY JULY 7TH FOR FALL SEMESTER OR NOVEMBER 10TH FOR SPRING SEMESTER.** If these dates fall on a weekend or holiday the deadline is the next business day.

Student's Name (Please Print) _____

Student's Signature _____ Date _____

Please make certain to include an official transcript. Mail all scholarship materials by the above deadline dates to:

THE HERB BLOCK SCHOLARSHIP ETS SCHOLARSHIP & RECOGNITION PROGRAMS PO BOX 6730 PRINCETON, NJ 08541

STUDENT – DO NOT WRITE ANYTHING BELOW THIS LINE

SCHOOL INFORMATION & EVALUATION

To be completed by guidance counselor/school official/college advisor.

Complete the information requested below, sign the form, and attach an official transcript of the student's grades that includes the *senior year courses* being taken or most recent college courses. If a school profile is available, include one with this form. *Completion of this section cannot serve as a substitute for one of the student's required letters of recommendation.*

I. EVALUATIVE STATEMENTS

Please rate the level of difficulty of the courses this student has taken and passed:

- Most Difficult
 Above Average
 Average
 Below Average

Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant's capabilities. Check only one box per statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This student possesses a high level of academic ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student's academic performance has been exceptional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly involved in extracurricular/co-curricular activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has demonstrated excellent leadership ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has the self-discipline to excel in a variety of environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. HIGH SCHOOL DATA (COLLEGE ADVISORS – PLEASE SKIP TO SECTION III)

9TH GRADE GPA WEIGHTED UNWEIGHTED

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11TH GRADE GPA WEIGHTED UNWEIGHTED

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10TH GRADE GPA WEIGHTED UNWEIGHTED

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12TH GRADE GPA (IF AVAILABLE) WEIGHTED UNWEIGHTED

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MOST RECENT CLASS RANK

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CLASS SIZE

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TEST SCORES **ACT** Test Date _____ Composite Score

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SAT

Test Date _____ Critical Reading

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 Math

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 Writing Score

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III. COLLEGE DATA (HIGH SCHOOL OFFICIALS – PLEASE SKIP TO SIGNATURE BLOCK)

COLLEGE GPA

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Thank you for taking the time to assist with this scholarship application.

Your signature below indicates that you have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

Name & Title of School Official

Signature of School Official

Date

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Telephone Number

High School/College Code

Please make certain to include an official transcript

Mail all scholarship materials by the above deadline dates to:

THE HERB BLOCK SCHOLARSHIP
ETS SCHOLARSHIP & RECOGNITION PROGRAMS
PO BOX 6730 PRINCETON, NJ 08541