

**PCT PAUL RUBIN MEMORIAL SCHOLARSHIP
AWARD APPLICATION**

NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE _____

- I. Please list below the names of all the organizations in which you have already worked which meet the criteria described in item #2 of the scholarship brochure. Use the back of this form if additional space is needed.

- II. Please provide the name and address of at least one adult member of each organization listed above who will attest to your involvement in the organization. Use the back of this form if additional space is needed.

- III. Please provide the names of three or four teachers in the Plainview-Old Bethpage School District who are well acquainted with you.

- IV. Please enclose an essay with this application which explains your qualifications for this award and how you intend to use it.

- V. Completed application and essay may be either e-mailed to pobctorg@pobct.org or mailed to: Scholarship Committee, c/o PCT, 303 Sunnyside Blvd., Suite 90 Plainview, New York 11803

Applications must be received no later than 4:00 p.m. Wednesday, March 18, 2026