

Scholarship Application 2009-2010

Please print this application to complete later, or fill out and print. If the scholarship application is sent to the St. Lucie County Education Foundation, you must provide **three copies** of the complete application which includes the application, recommendation letters, statement of educational goals and career objectives, and financial need. **Please do not submit transcripts with the applications unless they are specifically requested.** All forms **must be signed** where requested by student, parent(s) and guidance counselor or your application will not be eligible for consideration.

Deadline Date _____

Scholarship for _____
(Organization's Name)

Student Information

Name: _____
Last First Middle

Mailing Address:

Home Telephone _____ Date of Birth _____

Cell Phone _____ E-Mail Address _____

High School Attended _____ School Phone _____

SAT Math _____ Verbal _____ Written _____ ACT Composite _____

Weighted GPA _____ Unweighted GPA _____

Guidance Counselor Signature _____

College you plan to attend _____ Major: _____

Have you been accepted? yes _____ no _____

Florida Prepaid College? yes _____ no _____

Florida Bright Futures Projected Status? None _____ Florida Academic Scholars _____

Florida Medallion _____ Florida Gold Seal Vocational Scholars _____ Academic Top Scholar _____

Parent Information:

Parents' Martial Status

_____ married/ remarried _____ divorced _____ separated _____ single _____ widowed

Father/Guardian

Mother/Guardian

Name _____ Name _____

Address _____ Address _____

Total Income _____ Total Income _____

Copy of parents W-2, 1099, SSI Disability, or K-1 required from the fiscal year ending in December before application is due.

Number and ages of children in household (not including applicant): _____

Number and ages of children in college (not including applicant): _____

School Extra-Curricular Activities (Make certain to indicate any leadership positions held and dates of service)

Academic Awards, Special Recognitions or Honors

Community Awards/Service

Activities

Hours

_____	_____
_____	_____
_____	_____

Work Experience

Employment History

Hours Worked

Length of Employment

_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Interests or Hobbies

Other Scholarships Already Received

Student Scholarship Checklist:

- _____ Correct Application Form
- _____ Official Transcript Required? If yes, please send.
- _____ Transcript NOT Required? Do not send.
- _____ W2, 1099, or SSI Disability or K-1 form required? DO NOT SEND A 1040. Send the correct form from the fiscal year ending in December before application is due. If no data, explanation is required.
- _____ Letters of Recommendation – Send the exact number of recommendation letters required by the scholarship.
- _____ Signatures of guidance counselor, all writers of recommendation letters, student, parent or guardian must be included.
- _____ Hand deliver by due date or mail before due date at a post office to avoid postage due.
- _____ Provide at least three (3) signed letters of recommendation from the following sources: guidance counselors, ministers, employers, teachers, or administrators.
- _____ Submit a statement of educational goals and career objectives.
- _____ Describe thoroughly your specific need for financial assistance.
- _____ Do not submit applications in binders or covers.
- _____ Do submit three (3) separate stapled copies of your completed application with the required attachments in one envelope. Please do not fold the material to make fit in an envelope too small. If the scholarship you are applying for specifies a smaller or larger number of copies please follow those requirements. However, if different number is not specified, three (3) copies are required.

Parent Signature: _____

Student Signature: _____

Various scholarships have different requirements. Please follow specific directions for each scholarship application.

Failure to comply with all requirements will result in disqualification.

CERTIFICATION: Both the information on this form and the supplemental information provided are true and complete to the best of my knowledge.

Student Signature: _____

Parent Signature: _____

DISCLOSURE OF LIMITED INFORMATION

My parent(s) and I understand and agree that if I receive a scholarship through the St. Lucie County Education Foundation, the Foundation may publicize and disclose my name, photo, school, and the scholarship that I received for media purposes. **yes** **no**

The Foundation may also disclose my home address. **yes** **no**

I understand that our decision about disclosure of my home address will not affect my eligibility for any scholarship.

_____/_____
Applicant Signature Date

_____/_____
Parent Signature Date