

St. Lucie County Education Foundation Scholarship Application 2013-2014

“For your convenience there is an interactive scholarship application on the student section of the website.”

Please **type** this application or complete the electronic form available on the website at <http://www.educationfoundationstlucie.org/uploads/files/Scholarships/foundation-application.pdf> and print out your information. If the scholarship application is sent to the St. Lucie County Education Foundation, you must provide **three copies (unless number of copies specified is different)** of the complete application which includes the application, recommendation letters, statement of educational goals/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.

Scholarship Name _____

Student Information

Name: _____
Last First Middle

Mailing Address: _____

City _____ State _____ Zip _____

Home Telephone _____ Date of Birth _____

Cell Phone _____ E-Mail Address _____

High School Attended _____ Academy Program _____

SAT Scores	Math _____	Verbal _____	Written _____	Total _____	ACT Composite _____
Weighted GPA	_____			Unweighted GPA	_____
Guidance Counselor Signature	_____				

College(s) you plan to attend _____ Major(s): _____

Have you been accepted? yes _____ no _____

Florida Prepaid College? yes _____ no _____

Florida Bright Futures? yes _____ no _____

Parent Information:

Parents' Marital Status _____ married / remarried ___ divorced ___ separated ___ single ___ widowed

Is parent/guardian employee of the St. Lucie County School District? _____yes _____no

Father/Guardian**Mother/Guardian**

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Total Income _____

Total Income _____

Please attach a copy of parents W-2, 1099, SSI Disability, K-1 (or 1040 form if self-employed) from the last fiscal year before application is due.

Number and ages of children in household, including those in college (excluding 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 Hours/ Total Hours _____

Activities: _____

Hours Per Activity: _____

Work Experience

Employment History

Days Worked
Per Week

Hrs. Worked
Per Week

Length of
Employment

If you were unable to work, please explain. _____

Special Interests or Hobbies

Please send in resume if available.

**St. Lucie County Education Foundation Student Scholarship Checklist
Required Attachments**

_____ Submit three (3) separated & stapled copies of your **complete** St. Lucie County Education Foundation application with the **required** attachments in one envelope. Please **do not fold** the materials. If the scholarship you are applying for specifies a smaller number of copies, please follow those requirements. Attach the following to each application in this order.

_____ A.) W-2, 1099, or SSI Disability; a 1040 form is required for self employed. Send the correct form from the last fiscal year before application is due. An **explanation is required if you have no documentation.**

_____ B.) Three (3) **signed recommendation letters** from sources such as: guidance counselors, ministers, employers, teachers, or administrators (no family members).

_____ C.) Statement of your educational goals and career objectives.

_____ D.) Statement of your specific need for financial assistance.

_____ E.) **Do not submit applications in binders or covers. Must be hand delivered by 4:00 p.m. to the St. Lucie County Education Foundation, 4204 Okeechobee Road or postmarked no later than April 5.**

Please make sure all applications have required signatures on them.

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 for congratulatory correspondence ___yes ___no

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

FAILURE TO COMPLY WITH ALL REQUIREMENTS WILL RESULT IN DISQUALIFICATION.

VARIOUS SCHOLARSHIPS HAVE DIFFERENT REQUIREMENTS. PLEASE FOLLOW SPECIFIC DIRECTION FOR EACH SCHOLARSHIP APPLICATION.

CERTIFICATION: BOTH THE INFORMATION ON THIS FORM AND THE SUPPLEMENTAL INFORMATION PROVIDED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature _____

Student Signature _____