

**St. Lucie County Education Foundation Local Scholarship Application
2014-2015**

Please **type** this application or complete the electronic form 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.