

**St. Lucie County Education Foundation Scholarship Application  
2016-2017**

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

Please **type** this application or [click here](#) to complete the electronic form available on the website 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 \_\_\_\_\_

Have you declared college acceptance? \_\_\_\_\_

**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. **EACH COMPLETE APPLICATION MUST INCLUDE ALL OF THE FOLLOWING:**

\_\_\_\_\_ 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 5:00 p.m. to the St. Lucie County Education Foundation, 4204 Okeechobee Road or postmarked no later than March 28.**

**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 \_\_\_\_\_