

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

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Please print this application and mail or drop off your information to the **St. Lucie County Education Foundation, 4204 Okeechobee Rd, Fort Pierce, FL 34947-5414.**

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 \_\_\_\_\_ Reading and Written \_\_\_\_\_ Total \_\_\_\_\_/SAT User Percentile-National \_\_\_\_\_

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 an 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Work Experience</b>	<b>Days Worked per Week</b>	<b>Hrs. Worked per Week</b>	<b>Length of Employment</b>
Employment History _____	_____	_____	_____
_____	_____	_____	_____

**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 24th.**

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