FASFEPA VIVIAN SCOTT

SCHOLARSHIP APPLICATION

*Florida Association of State Federal Education Program Administrators*

*SUBMIT TO: Guidance Office*

**DUE DATE: MARCH 8, 2021**

## **PART 1 (To be completed by Scholarship Applicant)**

APPLICANT INFORMATION

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| LAST NAME |  |
| FIRST NAME |  |
| MIDDLE INITIAL |  |
| STUDENT ID # |  |
| ADDRESS |  |
| CITY |  |
| ZIP |  |
| TELEPHONE NUMBER(S) |  |
| HIGH SCHOOL |  |
| DATE OF GRADUATION |  |

PARENTAL INFORMATION

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| PARENT(S) OR GUARDIAN(S) |  |
| ADDRESS |  |
| CITY |  |
| STATE |  |
| ZIP |  |

INSTITUTIONAL PREFERENCE(S)

|  |  |
| --- | --- |
| CHOICES (RANKED FROM FIRST TO THIRD) | TUITION AND EDUCATION EXPENSES |
|  |  |
|  |  |
|  |  |

**A Competed FASFEPA Scholarship Application Form with all signatures must have the following attachments:**

* A one-page personal typed narrative (300 words maximum) from the applicant explaining why he/she is applying for the scholarship; including all awards, interests, leadership and service activities within the community, and future goals.
* Official copy of High School Transcript
* Three letters of recommendation:
	+ One from a principal or administrative designee on school letterhead
	+ One from a faculty member on school letterhead
	+ One from a non-family member
* Complete Part II A: Demonstration of Financial Need.
* List of student organizations and activities (academic, civic, fine arts, athletic)
* 2x3 headshot of applicant

|  |  |
| --- | --- |
| **Applicant Signature:** | **Date:** |

[ ]  I (the applicant) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

## **PART 2: Demonstration of Financial Need**

High School Seniors who apply for the FASFEPA Scholarship must submit Part II A. After completing and signing the top section, the applicant must provide the return date requested at the bottom of the form. The applicant should forward Part II A to the High School Principal.

## **PART 2 A: To be Completed ONLY by High School Seniors**

What is your institutional preference?

Have you been accepted?

[ ] Yes

[ ] No

 I, \_\_[insert name of student]\_\_, hereby authorize \_\_[insert name of principal]\_\_ to advise the FASFEPA Board as to my demonstrated financial need for the purpose of my application for the *FASFEPA Scholarship Program.*

|  |  |
| --- | --- |
| **Student Signature:** | **Date:** |

[ ]  I (the applicant) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

**To be Completed by High School Principal**

I certify that this student has a demonstrated financial need as determined by **(please check DIRECT CERTIFICATION) Free** [ ] or **Reduced** [ ]  lunch participation and that this student will meet the established criteria for obtaining a(n) \_(**State**)\_\_ High School Diploma at the conclusion of this current school year.

|  |  |
| --- | --- |
| **Principal’s Signature:** | **Date:** |
| **Name of High School:** |  |
| **School Phone Number:** |  |
| **School’s Percentage of Students Eligible for Free/Reduced Lunch:** |  |

[ ]  I (the principal) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

**Please return this completed form to the applicant on or before** \_\_[Return Date Supplied By Applicant]\_\_.

1. ESSAY: Write a one-page personal narrative (300 words maximum) from the applicant explaining why he/she is applying for the scholarship; including all awards, interests, leadership and service activities within the community, and future goals.
2. LETTERS OF RECOMMENDATION: Please attach three letters of recommendation:
	* One from a principal or administrative designee on school letterhead
	* One from a faculty member on school letterhead
	* One from a non-family member
3. List of student organizations and activities:

SCHOOL AFFILIATED EXTRA CURRICULAR ACTIVITIES: Please list all extracurricular activities including academic, athletic, performing arts and special interest activities. Indicate the years that you participated in each activity, and your role in the organization (officer, member, captain).

|  |  |  |  |
| --- | --- | --- | --- |
| ORGANIZATION NAME | SCHOOL YEARS/GRADES PARTICIPATED | LEADERSHIP POSITIONS | ORGANIZATION FUNCTIONS AND ACTIVITIES |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Add more rows if you have more school affiliated extracurricular activities)

1. COMMUNITY AND VOLUNTEER ACTIVITIES: Please list high school community and volunteer activities you have participated in using the table format below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ACTIVITY | SCHOOL YEARS/GRADES PARTICIPATED | # OF HOURS PER YEAR | ROLE IN ACTIVITY | WHY YOU CHOSE TO PARTICIPATE IN THIS ACTIVITY |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(Add more rows if you have more community and volunteer activities)

1. TRANSCRIPT: Please attach an official copy of your transcript.

**Return Scholarship Application by March 8, 2021 to the School District Office. Paperclip these pages together if submitting a physical copy. Do not use staples.**