



## SCHOLARSHIP APPLICATION

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address (current):

\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Do you live in a recovery residence (sober home)?  Yes  No

Name of recovery residence (sober home)? \_\_\_\_\_

How long have you been a resident of Florida?  Less than a year  1-2 years  2 or more years

Do you own a vehicle or use public transportation? \_\_\_\_\_

Are you currently employed?  Yes  No Status:  Full-Time  Part-Time

Name of Employer: \_\_\_\_\_ Ph. # \_\_\_\_\_

Highest Level of Education:  High School Diploma/GED  Some College  Certificate  Degree

Name of High School: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Current or Intended College/University Of Enrollment: \_\_\_\_\_

Degree/Certificate \_\_\_\_\_ Completed:  Yes  No

How many credits completed? (If Applicable): \_\_\_\_\_

Personal References: (Please include the name, relationship, and e-mail or phone number):

1. \_\_\_\_\_  
Name  
  
\_\_\_\_\_  
Relationship  
  
\_\_\_\_\_  
E-Mail Address  
  
\_\_\_\_\_  
Phone Number

2. \_\_\_\_\_  
Name  
  
\_\_\_\_\_  
Relationship  
  
\_\_\_\_\_  
E-Mail Address  
  
\_\_\_\_\_  
Phone Number

ESSAY: In one page or less describe: (Use a separate sheet)

- a. What character traits you possess that have helped you overcome personal adversity; and
- b. Your degree of commitment to pursue and complete a college education.

Additional Information: (Any pertinent information you feel may be supportive of your application)

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I swear and affirm that to the best of my knowledge the above information is complete, true and accurate. I further acknowledge and confirm that I have read, understand, and accept the terms and conditions of this application, which includes the Random Drug Testing Policy and the Statement of Requirements and Qualifications.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE