

Florida College Booster Club, Central Florida Chapter

Application for Scholarship

Applicant Information

Name _____ Age _____ Phone (____) ____ - ____
Address _____ City _____ State _____ Zip _____
Employer _____ Phone (____) ____ - ____
Employer's Address _____ Years Employed _____

Parents / Legal Guardian

Father's Information

Name _____ Age _____ Phone (____) ____ - ____
Address _____ City _____ State _____ Zip _____
Occupation _____
Employer _____
Employer's Address _____ Years Employed _____

Mother's Information

Name _____ Age _____ Phone (____) ____ - ____
Address _____ City _____ State _____ Zip _____
Occupation _____
Employer _____ Phone (____) ____ - ____
Employer's Address _____ Years Employed _____

Church Preference

Name of congregation _____ Location _____
Are you a member? _____ Do you attend regularly? _____
Those in position of leadership ...
1. Name _____ Position _____ Phone (____) ____ - ____
2. Name _____ Position _____ Phone (____) ____ - ____
3. Name _____ Position _____ Phone (____) ____ - ____

High School / College Record

1. High School attended and years attended _____
2. Academic Achievements (Describe grade average, rank in class, honors and rewards, etc.) _____

3. Extracurricular Activities (Describe activities by name, length of involvement, positions held, etc.) _____

4. Other interest or community activities _____

5. Test Scores: ACT _____ SAT _____
6. College(s) attended and years attended _____

7. Major Field of interest upon entering Florida College? _____
8. Have you applied for admission to Florida College? Yes No
9. Have you been accepted for admission to Florida College? Yes No
10. Expected Date of Enrolment at Florida College? _____

Financial Information

A scholarship from the Central Florida Booster Club is a “non-need” based scholarship. The information in this section is optional and is for consideration for additional scholarship funds.

1. Family Income (check one):
 - less than \$50K
 - \$50K – \$75K
 - \$75K – \$100K
 - more than \$100K
2. Must you work to help pay for college tuition? _____
3. Are there any health problems with yourself or someone in your family that would create a financial burden? (If so, please explain) _____
4. Does anyone in your family currently attend a college or university (If yes, please state how many) _____

Other Information

1. Has anyone in your family ever attended Florida College? (Please give names, relation, and years attended) _____
2. Are you or your parents active members of the Florida College Booster Club? Yes No
If so, how long? _____

Scholarship Criteria

1. Write a letter stating why you want to attend Florida College. Please specify any special circumstances that you feel are important to our consideration of your application. *This letter must accompany this application or your application for scholarship will not be considered.*
2. Enclose a recent picture (this will not be returned).
3. Provide two references (one Educational and one Religious).
4. You are required to attend the Booster Club Banquet and Auction where you will be assigned a job to perform during the auction. The job will not involve public speaking unless you are willing to do so. You will not need to purchase a ticket, although your family (if they wish to attend) will need to purchase tickets.
5. You and your parent, guardian or sponsor will be required to sell 6 tickets to the banquet or solicit donations of equivalent value (a maximum of 10 tickets or equivalent donations for a family with multiple applications).
6. You and at least one parent, guardian or sponsor will be required to assist in setup for the banquet (9am – 2pm) and clean-up afterwards (8pm – 10pm).

If you have unusual hardships which prevent you from meeting any of these requirements, please include a description of this on a separate sheet and include this with your application and the scholarship committee will consider your situation.

I certify that the facts on this application are true and correct to the best of my knowledge, have read the above scholarship criteria and we (my parents and I) agree to these terms and would like to submit this application to the Florida College Booster Club scholarship committee. I agree to allow the Florida College Booster Club to release pertinent facts (non-financial) gleaned from this application for fund-raising and related purposes.

Applicant's Signature

Parent Signature

Complete and mail to:

Scholarship Committee
Florida College Booster Club
1610 S. Division Ave.
Orlando, FL 32805

Parent Signature