



APPLICATION FOR SCHOLARSHIP

DATE OF APPLICATION _____

NAME OF APPLICANT _____

ADDRESS _____ **PHONE** _____

MEMBER'S NAME _____

ADDRESS _____

ELIGIBILITY STATEMENT _____

CERTIFICATION OF STATUS BY REGISTRAR OR DEAN OF COLLEGE

SIGNATURE _____ **DATE** _____

POSITION _____

ADDRESS _____

SEND THIS COMPLETED APPLICATION TO:

SCHOOL ADDRESS
VICKI SCOTT
#239 SABAL PALM ELEMENTARY

U.S. MAIL ADDRESS
VICKI SCOTT
12877 SILVER SPRING DR. SOUTH
JACKSONVILLE, FL 32246