**FASFEPA VIVIAN SCOTT SCHOLARSHIP**

 **APPLICATION FORM**

*FLORIDA ASSOCIATION OF State FEDERAL EDUCATION PROGRAM ADMINISTRATORS*

***Part I: (To be completed by Scholarship Applicant)***

Last Name: First Name: MI:

Student I.D No.

Address: City: \_ Zip:

Telephone Number(s):

High School: Date of Graduation:

Parent(s) or Guardian(s):

Address:

City: State: Zip:

# Institutional Preference(s) Tuition and Educational Expenses

1st Choice:

1.

2nd Choice: \_ 2.

3rd Choice:

3.

# A Completed 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; and
	+ 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’s Signature: Date:

# Part II: 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 II A: To be Completed ONLY by High School Seniors

Institutional Preference: Have you been accepted? Yes □ No □

I, hereby authorize

(Name of Student) (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.*

Signed:

(Signature of Student)

Please return this completed form to the applicant on or before \_ \_.

Return Date Supplied By Applicant

School’s Percentage of Students Eligible for Free/Reduced Lunch

School Phone Number

Name of High School

Date

Principal’s Signature

**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) High School Diploma at the conclusion of this current school year. (State)

Date: