

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. Number: _____

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 *FASFEP*A 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 FASFEP Board as to my demonstrated financial need for the purpose of my application for the *FASFEP*A Scholarship Program.

Signed: _____ Date: _____
(Signature of Student)

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)

Principal's Signature _____ Date _____ Name of High School _____

School Phone Number _____ School's Percentage of Students Eligible for Free/Reduced Lunch _____

Please return this completed form to the applicant on or before _____
Return Date Supplied By Applicant

Return Scholarship Application by March 08, 2021 to the School District Office

