

Due 1/26/2018

\$ 100 - 500



**SOUTH SEMINOLE COMMUNITY ASSOCIATION FOR PROGRESS,
INC.**

P.O. Box 150355
Altamonte Springs, FL 32715
SSCAFP Scholarship

APPLICANT PERSONAL INFORMATION FORM

2017-2018

NOTE: To submit this application, please print in black ink. For each multiple-choice question, fill in the appropriate circle; for the essay question, you must type your response.

APPLICANT'S FULL LEGAL NAME

FIRST _____ MIDDLE _____ LAST _____

DATE OF BIRTH _____

HIGH SCHOOL _____

CURRENT SCHOOL PHONENUMBER _____

E-MAIL ADDRESS _____

PERMANENT HOME MAILING ADDRESS (Do not submit a PO Box address)

ADDRESS _____
Street St. # Apt. # City State Zip Code

PERMANENT HOME PHONE _____

EDUCATIONAL STATUS

COLLEGE/UNIVERSITY ATTENDING or HAVE BEEN ACCEPTED

School Attending _____

ADDRESS _____
City State Zip Code

Current GPA _____

HONORS AND AWARDS (List and indicate the type of honors and awards received) Academic
/Athletic /Artistic /Community Service/Employment/ Extra Curriculum

Name of Award

Type of Award

Date Received[illegible]

RECOMMENDER'S INFORMATION: 1 Academic Reference

First Name _____ Last Name _____

Recommender's

Title/Occupation _____

Mailing Address _____
City _____ St. # _____ Apt. # _____ State _____ Zip Code _____

Recommender's Business Phone Number _____ Fax # _____ Cell # _____

E-mail Address _____

RECOMMENDER'S INFORMATION: 2 Academic Reference

First Name _____ Last Name _____

Recommender's

Title/Occupation _____

Mailing Address _____
City _____ St. # _____ Apt. # _____ State _____ Zip Code _____

Recommender's Business Phone Number _____ Fax # _____ Cell # _____

E-mail Address _____

RECOMMENDER'S INFORMATION: Personal Reference

First Name _____ Last Name _____

Recommender's

Title/Occupation _____

Mailing Address _____
City _____ St. # _____ Apt. # _____ State _____ Zip Code _____

Recommender's Business Phone Number _____ Fax # _____ Cell # _____

E-mail Address _____

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ESSAY (Your name must be present at the top of your ESSAY.)

Please attach a typed one-page essay explaining what led to your interest in attending college/university. Include a description of what you plan to accomplish.

What is a contribution that you have made to your community? What impact did it have on your community?

Signature _____

DATE _____
(Required)

Print Name _____



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SCHOLARSHIP APPLICATION INSRUCTION

(Amount of Scholarship Range: \$100-\$500)

NOTE: Application forms and required documents must be postmarked on or before the last Friday in the month of January.

ELIGIBILITY REQUIREMENT:

- Applicant must be a high school senior in Seminole County
- Applicant must currently be in good academic standing and making satisfactory progress
- Applicant must possess a grade point average of 2.5 (C+) or higher on a 4.0 grading system.

NOTE: Members of the Board of Directors of South Seminole Community Association for Progress' (SSCAFP) families are not eligible for the scholarship.

GENERAL INSTRUCTIONS:

Please read the following information before completing this application.

1. You must fully complete a typed application for the scholarship.
2. Complete and attach the title page (Scholarship Application Instructions) and ALL supporting documents to the complete application.
 - A. Title Page for South Seminole Community Association for Progress (SSCAFP) Scholarship fund
 - B. Three recommendation letters
 - C. An official transcript
 - D. Evidence of Acceptance
 - E. One-page essay

All applications must include the required materials. SSCAFP will not be responsible for making copies of applications and/or required materials. If required materials are not included with the application, your application will be considered incomplete.

Completed application should be sent to:

SOUTH SEMINOLE COMMUNITY ASSOCIATION FOR PROGRESS, Inc.

P.O. Box 150355

Altamonte Springs, FL 32715

