

**APPLICATION FOR
HIGHLANDS SEMINOLE CLUB
HAYWOOD O. TAYLOR ENDOWED SCHOLARSHIP**

Name: _____

Social Security #: _____

Home Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Parent(s) or Guardian's Name: _____

Have you applied for admission to FSU? Yes No

Have you been accepted to FSU? Yes No

Are you currently enrolled at FSU? Yes No FSU Cumulative GPA: _____

Have any members of your family attended or graduated from FSU? Yes No

If yes: Name: _____ Relationship: _____ Year: _____

Name: _____ Relationship: _____ Year: _____

Have you been a resident of Highlands County, FL for at least 1 year? Yes No

Did you graduate from an accredited public or private high school in Highlands County, FL? Yes No

High School Attended: _____ Cumulative GPA: _____

Have you completed courses for college credit? Yes No

College: _____ Cumulative GPA: _____

SAT Scores Verbal: _____ Math: _____ **Total SAT:** _____

ACT Scores English: _____ Math: _____ Reading: _____ Science: _____

Comp: _____ **Total ACT:** _____

Have you been awarded the Haywood O. Taylor Scholarship previously? Yes No

If yes, list the academic year(s) of the award: _____

Expected Degree: _____ Major: _____ Minor: _____

Extracurricular Activities (*athletics, arts, civic, community service, employment, religious, or other*)
(Attach extra pages if necessary)

<u>Activities</u>	<u>From/To</u>	<u>Office held</u>

Honors and Awards received (*athletics, academic, professional, artistic, etc.*)

Please tell us why you have selected FSU for your college education.

Required Attachments:

- Letter of recommendation from a recent classroom teacher
- Letter of recommendation from a personal friend, but not a relative
- *If you are a past recipient of this scholarship, recommendation letters are not required.*

You may attach an additional typed or handwritten page if you feel the need to share any exceptional circumstances with the selection committee.

To acknowledge your authorization and verification of the submitted information, please sign below.

Signed _____ Date _____