



Bernard Sliger Scholarship Application

Application

Please review and complete this form in its entirety. Print clearly and legibly in all sections.

Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		

Address:		
	<i>Street Address</i>	<i>Apartment/Unit #</i>

<i>City</i>	<i>State</i>	<i>Zip Code</i>

Phone No.	()	E-mail Address:	
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FSU Campus ID/Blackboard ID:	
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Name of High School:		Graduation Date (MM/YY):	
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High School Address:	
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Are you a citizen of the United States: (Y/N)		If no, are you authorized to work in the U.S? (Y/N)	
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Have you ever been convicted of a felony? (Y/N)	
If yes, explain:	

Community Involvement:

All applications must show active community involvement through past or ongoing participation in athletics, the arts, civic or religious community services, or other activities.

Please list specific examples of community involvement. (Submit a separate document for additional information, if needed.)

Activity:		Dates of Involvement:	
Specifics:			

Activity:		Dates of Involvement:	
Specifics:			

Activity:		Dates of Involvement:	
Specifics:			

Awards and Honors

Please list examples of academic, civic, community, or religious awards and honors.

Award:		Award:	
Award:		Award:	
Award:		Award:	

Employment

Please list any and all jobs held during your high school term.

Employer:		Title:		Dates of Employment:	
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Employer:		Title:		Dates of Employment:	
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Employer:		Title:		Dates of Employment:	
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References

Please list Alumni, Boosters and/or Foundation member(s) name and relationship to the applicant.

Full Name:				
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Relationship</i>

Full Name:				
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Relationship</i>

Disclaimer and Signature

I certify that the answers on this application are the true and complete to the best of my knowledge.

If this application leads to my being awarded this scholarship, I understand that false or misleading information in my application may result in forfeiting the scholarship funds.

Signature of Applicant:		Date:	
Signature of Parent/Legal Guardian:		Date:	