



SEMINOLE CLUB OF POLK COUNTY

2017 SCHOLARSHIP APPLICATION

Full Name: _____

Date of Birth: _____ FSU ID# (if known) _____

Address: _____

Phone Number: _____

E-mail Address: _____

Parents'/Guardians' Name(s):

Name and City of High School: _____

Community College Name (If applicable for Dual Enrollment) _____

List any special recognitions or awards you have received in such categories as academics, athletics, leadership, the arts, or offices served at your school. Attach a separate page, if necessary:

List your participation in acts of service to your city or community. Include the total number of hours you have volunteered during your high school experience. Attach a separate page if necessary:

List any *extracurricular* activities in which you were or are involved (athletics, performing arts, student government, student newspaper/annual staff, etc.), including offices you have held in organizations outside the academic life of your school. Attach a separate page, if necessary:

Explain the present goals which you hope to achieve at Florida State University. If you know your desired major at Florida State University, please tell us why you have chosen the major and what you intend to accomplish through the major. Attach a separate page, if necessary:

Although financial need is of secondary importance, explain how a scholarship would help you meet your goals for higher education. Please be specific:

Cumulative Grade Point Average (Grades 9-12):

Weighted GPA _____ **Unweighted GPA** _____

SAT (without writing) Critical Reading _____ Math _____ **Composite** _____

By signing this application, the applicant understands that by applying to FSU, the Seminole Club of Polk County has permission to examine her/his personal information (grades, financial need, extracurricular and community service information, etc.) for verification, if necessary.

I certify that the information provided on the application is correct, to the best of my knowledge. If the scholarship committee determines the information provided to be inaccurate, I forfeit the opportunity to receive the scholarship and any future opportunity or rights that I might have for the scholarship, should I be selected as a recipient.

Signature

Date

Return this application along with a pdf version of your official transcript