

**BREVARD SEMINOLE CLUB
SCHOLARSHIP APPLICATION**

Full Name: _____ Date: _____
Mailing Address: _____
City: _____ State: _____ Zip Code : _____
Phone Number: _____ Email Address: _____
Current High School: _____ Graduation Date: _____
Current Weighted GPA: _____ Current Un-weighted GPA: _____
SAT: Reading: _____ Math: _____ Composite: _____
Term you will enter FSU: _____ Planned Major _____
Do you have any family members who graduated from FSU? _____
Who? _____

Describe any recognition received while in high school: (academic, community, extracurricular activities)

List any community service completed while in high school: Total Hours: _____
Activities: _____

Applicant agrees that by submitting this application they are giving permission for the scholarship committee to examine and verify all information.

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| CHECKLIST FOR ITEMS TO INCLUDE | PLEASE MAIL COMPLETED APPLICATION WITH ALL REQUIRED ITEMS TO: |
| <input type="checkbox"/> COMPLETED APPLICATION | |
| <input type="checkbox"/> ACADEMIC TRANSCRIPTS | |
| <input type="checkbox"/> COPY OF FSU ACCEPTANCE LETTER | BREVARD SEMINOLE CLUB |
| <input type="checkbox"/> ESSAY, ONE PAGE MAX | 386 HALEY COURT |
| <input type="checkbox"/> LETTER OF RECOMMENDATION | MELBOURNE, FLORIDA 32940 |
| DO NOT INCLUDE PHOTOGRAPHS | |

APPLICANT'S SIGNATURE: _____ DATE: _____

Please feel free to provide any additional information to support your application on the back of this page or on a separate piece of paper.