

# **FASFEPA VIVIAN SCOTT SCHOLARSHIP** **APPLICATION FORM**

*FLORIDA ASSOCIATION OF State FEDERAL EDUCATION PROGRAM ADMINISTRATORS*

**Part I: (To be completed by Scholarship Applicant)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student I.D No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Institutional Preference(s)</b>	<b>Tuition and Educational Expenses</b>
1 <sup>st</sup> Choice: _____	1. _____
2 <sup>nd</sup> Choice: _____	2. _____
3 <sup>rd</sup> Choice: _____	3. _____

**A Completed FASFEPA Scholarship Application Form with all signatures must have the following attachments:**

- A one-page personal typed narrative (300 words maximum) from the applicant explaining why he/she is applying for the scholarship; including all awards, , interests, leadership and service activities within the community, and future goals.
- Official copy of High School Transcript;
- Three letters of recommendation;
  - One from a principal or administrative designee on school letterhead;
  - One from a faculty member on school letterhead; and
  - One from a non-family member.
- Complete Part II A: Demonstration of Financial Need.
- List of student organizations and activities (academic, civic, fine arts, athletic)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: Demonstration of Financial Need**

High School Seniors who apply for the *FASFEP A Scholarship* must submit Part II A. After completing and signing the top section, the applicant must provide the return date requested at the bottom of the form. The applicant should forward Part II A to the High School Principal.

**Part II A: To be Completed ONLY by High School Seniors**

Institutional Preference: \_\_\_\_\_ Have you been accepted? Yes  No

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(Name of Student) (Name of Principal)

to advise the FASFEP A Board as to my demonstrated financial need for the purpose of my application for the *FASFEP A Scholarship Program*.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Student)

**To be Completed by High School Principal**

I certify that this student has a demonstrated financial need as determined by (please check) **DIRECT CERTIFICATION**  **Free**  or **Reduced**  lunch and that this student will meet the established criteria for obtaining a(n) \_\_\_\_\_ High School Diploma at the conclusion of this current school year. (State)

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_ Name of High School \_\_\_\_\_

School Phone Number \_\_\_\_\_ School's Percentage of Students Eligible for Free/Reduced Lunch \_\_\_\_\_

Please return this completed form to the applicant on or before \_\_\_\_\_  
Return Date Supplied By Applicant

For additional information, please call (**Your Contact Information**)

