



2012 EDUCATION FOUNDATION SCHOLARSHIP APPLICATION - AMOUNT \$1000.00

*Please read carefully the criteria for awarding the scholarships, and the directions for completing the application. With the completion and remittance of this **one** application, you will be considered for a number of scholarships that the Education Foundation ~ Osceola awards each year.*

CRITERIA:

1. Must be a resident of Osceola County, Florida
2. Must be receiving a standard high school diploma or a GED from an Osceola County school (including home schools) by the end of the 2011-2012 school year
3. Must have a cumulative GPA of 2.3 or above
4. Must be planning to attend Valencia College in the 2012-2013 academic year.

DIRECTIONS FOR COMPLETING THE APPLICATION:

1. Complete pages 2, 3, and 4
2. Obtain and attach:
 - a. a transcript from the high school guidance department (does not have to be sealed)
 - b. a letter of recommendation in a sealed envelope – page 5
3. Write and attach an essay addressing the following TOPICS – “What are your future plans and how do you propose to achieve your goals? And, did anyone influence your future plans?”

ESSAY MUST BE:

- on a separate piece of paper
- computer generated (hand-written essays are not acceptable)
- double-spaced
- between 250 and 500 words.

Essays will be judged on appearance, but mainly on content and details.

4. Remit the application and attachments to the Education Foundation ~ Osceola, 2310 New Beginnings Road, Suite 118, Kissimmee, FL 34744 no later that **February 15, 2012 by the close of the business day (4:30 PM)**.
5. You are responsible for seeing that all support documents are submitted. The Education Foundation ~ Osceola County Scholarship Selection Committee reserves the right to process only applications found to be complete as of the application deadline. All Committee award decisions are final. Scholarship recipients will be notified in April.

The Foundation for Osceola Education, Inc. is a direct support, non-profit organization to the Osceola County School District. Through the Foundation, various donors contribute scholarship monies to assist students in continuing their education after high school. For more information, contact our office at 407-870-4855.

PERSONAL INFORMATION

Please print clearly

Name _____ Date of birth _____
Last first middle initial Gender _____
Address _____
Street Apt # City State Zip
Telephone numbers _____
Home Cell
Email Address _____

How long have you lived in Osceola County? _____
Are you a US Citizen? _____
If not, are you a permanent resident alien? _____ Provide Documentation _____
Number of family members in household _____
Family income - Please check one:
\$0 - \$35,000 _____ \$35,000 to \$70,000 _____ \$70,000+ _____

Among the many scholarships for which you may be considered, some have specific criteria, hence the list of questions. Please answer with a YES or NO:

1. Are you vision or hearing impaired? _____
2. Are you a member of the high school band? _____
3. Are you on free or reduced lunch? _____
4. Are you or have you been in Foster Care? _____
5. Are you planning to major in Fine Arts? _____
6. Are you planning to major in Education? _____
7. Are you planning a career in environmental science? _____
8. Do you reside within the city limits of the City of St. Cloud? _____
9. Will you need financial assistance while in college? _____

HIGH SCHOOL INFORMATION

1. High school _____ Cumulative GPA (weighted) _____ (unweighted) _____
2. Have you taken the SAT? _____ If yes, scores: v _____ m _____ w _____
3. Have you taken the ACT? _____ If yes, composite scores: _____
4. Have you taken the CPE or PERT? _____
5. Have you passed ALL portions of the FCAT? _____

FOR OFFICE USE ONLY
Name _____
HS _____ GPA _____
Date Received _____ by _____ complete _____
Community Service Hours _____

EXTRA-CURRICULAR ACTIVITIES

HIGH SCHOOL SPORTS/PERFORMING ARTS

List the high school sports **or** performing arts in which you have participated in the last **4** years.

Sport/Performing Art	Which year did you participate?	Leadership Title or Office held

NON-HIGH SCHOOL SPORTS/PERFORMING ARTS

List the non-high school sports or performing arts in which you have participated in the last **4** years.

Sport/Performing Art	Which year did you participate?	Leadership Title or Office held

HIGH SCHOOL CLUBS/ACTIVITIES

List the high school clubs/activities in which you have participated in the last **4** years.

Club or Activity	Which year did you participate?	Leadership Title or Office held

Student Name _____ High School _____

RECOMMENDATION PAGE

*The above named student is applying for a scholarship from the Education Foundation ~ Osceola, and is requesting a recommendation from you. You may complete this form **AND/OR** you may include a previously prepared letter.*

*Please return the recommendation in a **sealed envelope** to the student for him/her to attach to the scholarship application. Thank you for taking the time to help the applicant.*

1. How long have you known the student? _____
2. Does this student reside with family members who support him/her financially? Yes _____ No _____ Do not know _____
3. Is this student able to continue his/her education without financial assistance? Yes _____ No _____ Do not know _____

On a 1 to 5 scale, with 5 being the best, please answer the following questions:

4. To your knowledge, what is this student's ability to set realistic and attainable goals? _____ Unknown _____
5. To your knowledge, how well does this student demonstrate good problem-solving skills? _____ Unknown _____
6. To your knowledge, what is this student's level of respect for self and others? _____ Unknown _____

Please add a comment that would be beneficial to the selection committee in selecting the scholarship recipients. Use the back of this page if necessary.

Please fill out the following information:

Appraiser's Name _____
Business Address _____

Street City State Zip

Telephone number(s) _____

In what capacity are you acquainted with the applicant? (counselor, teacher, advisor, employer, supervisor, pastor, coach, etc.) _____

Your signature _____ Date _____