

SPANISH AMERICAN CLUB

OF CITRUS COUNTY, INC

PO BOX 2591, INVERNESS, FL 34452

ACADEMIC YEAR 2019-2020

SCHOLARSHIP GUIDELINES

CANDIDATES DO NOT HAVE TO BE OF HIPANIC DESCENT TO APPLY

The Spanish American Club of Citrus County, Inc. (SAC) is soliciting eligible candidates for this Scholarship Awards program.

ELIGIBILITY:

All eligible seniors who re candidates for graduation from Citrus County High Schools in May 2020 are eligible to apply. Preference will be given to those applicants who meet the criteria and whose parents and / grandparents who have been members in good standing for a minimum of six (6)months but all candidates that meet the criteria will be considered.

Selection Criteria and Documentation needed:

- Must have a GPA of 3.0 or better as reflected on your transcript (Must be included in the packet to us) transcript **must** be sealed.
Submit a legibly, well developed written or typed, 300 words essay, on the following topic:
*Family Heritage or The importance of volunteering
- Submit proof of acceptance from the College, University or trade school you will be attending.
- Submit a sealed copy of your transcript.
- Submit a completed application.
- Submit a completed Family Financial Resources
- Meet with SAC Scholarship Committee member for an interview at your school if selected as a semifinalist.

For further information contact you Guidance Counselor.

Please submit your completed application to the guidance office no later than March 19, 2020

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ACADEMIC YEAR 2019-2020
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SCHOLARSHIP APPLICATION – ACADEMIC YEAR 2019-2020
PLEASE PRINT CLEARLY. ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED

HIGH SCHOOL _____

Applications must be submitted with all needed documentation (see cover page) to
Guidance Office or mailed to above address postmarked no later than March 19, 2020
Late and incomplete application packet will not consider.

NAME _____
Last First Middle Initial

ADDRESS _____
Street City State Zip code

HOME/CELL PHONE _____ **DOB** _____

Preference will be given to applicants whose Parent/Grandparent have been a SAC members in good standing for a period of (6) months; if none circle NA

A. SAC MEMBER(S) NAME _____ NA

B. RELATIONSHIP TO APPLICANT _____ NA

NAME OF COLLEGE YOU PLAN TO ATTEND _____

LOCATION _____
CITY STATE

TO GUIDANCE: I HEREBY REQUEST THAT A COPY OF MY TRANSCRIPT AND IF APPLICABLE, A COPY OF THE COLLEGE ACCEPTANCE LETTER BE ATTACHED TO THIS APPLICATION. I WILL ATTACH A COPY OF THE EMAIL I RECEIVED FROM CF IF THAT IS THE SCHOOL I PLAN TO ATTEND.

STUDENT SIGNATURE DATE

RECOGNITION OF THE RECIPIENTS(S) OF THE SAC SCHOLARSHIP WILL TAKE PLACE AT EACH HIGH SCHOOL AWARD CEREMONY. PRINCIPALS AND GUIDANCE COUNSELOR WILL BE NOTIFIED THE FIRST WEEK OF MAY, 2020