Women of Sugarmill Woods, Inc. Scholarship

SCHOLARSHIP APPLICATION

*RETURN TO:*

*Guidance Office*

## SUBMISSION INFORMATION

* Scholarship Award: **$1500**.
* Deadline: Completed application and supporting documentation are due in the Guidance Office no later than February 24, 2022.

## ELIGIBILITY

1. Attend a 2 year or 4-year Florida **accredited** college, university, or program working toward a degree.
2. 2.8 or higher-grade point average.
3. **Financial need\*/Be sure to include.**

## PERSONAL INFORMATION

| ITEM | INFORMATION |
| --- | --- |
| LAST NAME |  |
| FIRST NAME |  |
| MIDDLE NAME |  |
| DATE OF BIRTH |  |
| ADDRESS (NO P.O. BOX) |  |
| TELEPHONE NUMBER |  |
| EMAIL |  |

Do you live with your parents?

☐Yes

☐No

What is the number of other children in your family?

What are the ages of those children?

How many/which of them are living at home?

How many of them are in college?

## FAMILY INFORMATION

| ITEM | INFORMATION |
| --- | --- |
| FATHER/GUARDIAN  |  |
| OCCUPATION |  |
| EMPLOYER NAME |  |
| MOTHER/GUARDIAN  |  |
| OCCUPATION |  |
| EMPLOYER NAME |  |

What is the name of the college you plan to attend?

## \*PLEASE ATTACH

1. **A resume of activities/awards/community service/job experience.**
2. **\*Copy of parents/guardians last complete 1040 Tax Form OR FAFSA info including financials (Explain any extenuating circumstances in your essay).**
3. A **brief essay** to explain your future goals and any relevant information that would help with the selection process.

**I hereby request that the guidance department attach a copy of my transcript to this application.**

| **Student Signature:** | **Date:** |
| --- | --- |

**☐** I understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.