

Florida Retired Educators Foundation 2015-16 SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIORS Deadlines vary by County, but are all in the late fall, early winter, so if you wish to apply do not delay!

Contact the FREA office: 727-577-6400 or info@frea.org to receive information on Local Unit Submission Contact Information ~ DO NOT send to FREA State Office

Please include your school district and county name in the email.

| County Stud | lent Lives in: | | • | | | | |
|---|----------------------------------|------|--------------|------------|-----------|--|--|
| Please print or type all information. Date: | | | | | | | |
| Applicant In | ••• | | | | | | |
| 1. Name | | | Phone | Phone | | | |
| Addre | SS | | · | | | | |
| City | | | Cell Phone | Cell Phone | | | |
| Count | / | | E-Mail | E-Mail | | | |
| State | State Zip | | fax | fax | | | |
| 2. Date of | Birth | M | F | | | | |
| 3. High so | hool currently attending: | | | | | | |
| Phone | | | | | | | |
| Addre | SS | | | | | | |
| City | | | State | Zip | Zip | | |
| 4. Other | members of your household: | | | · | | | |
| | Name | | Relationship | Employer | Age | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (If additional space is needed, add an extra sheet with heading: Other Members of Your Household) | | | | | | | |
| 5. Family income for the past twelve months: \$ | | | | | | | |
| 6. Are there special conditions affecting the ability of your family to pay your college expenses, such as illness, support of a relative or other member of the family attending college while you are doing so? | | | | | | | |
| | | | | | doing so: | | |
| Yes No If yes, add an extra sheet with heading: Special Family Conditions. 7. Name each scholarship and/or award for which you have applied. | | | | | | | |
| | <u> </u> | | | | | | |
| | | | | | | | |
| 8. Estima | ited financial assistance needed | d: | | | | | |
| a. For each of the first two years: | | | | | | | |
| | b. For each of the last two year | ırs: | | | | | |

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| 9. On a single separate sheet, type a 300 word essay which includes the following: | | | | | | | |
|--|--|--|--|--|--|--|--|
| A. Why you want to become a teacher. | | | | | | | |
| B. Attributes or circumstances that qualify you to be a recipient of this scholarship. | | | | | | | |
| C. Your educational and career goals.D. The impact of your participation in extracurricular school and/or community activities. | | | | | | | |
| | | | | | | | |
| 10. Tentative plans for attending college: | | | | | | | |
| Name school(s) to which you have applied. | | | | | | | |
| Name schools(s) that have accepted your admission. | | | | | | | |
| What are your plans after receiving | your Baccalaureate Degree in Edi | ucation? | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 11. Academic Requirements - All items listed below must be documented on official high school transcript. | | | | | | | |
| a. Unweighted GPA (3.0 minimum) | | | | | | | |
| b. SAT test scores -Reading and Math (1000 minimum and/or ACT test score (22 minimum) | | | | | | | |
| 12. Leadership positions and participations | s in high school activities | | | | | | |
| Activity | Position if Officer | Dates of Participation | | | | | |
| a) | | | | | | | |
| b) | | | | | | | |
| c) | | | | | | | |
| d) | | | | | | | |
| If additional space is needed, add | an extra sheet with heading: Hi | igh School Activities. | | | | | |
| 13. Leadership positions and participation | in church, community or other vo | olunteer services. | | | | | |
| Activity | Position if Leader | Dates of Participation | | | | | |
| a) | | | | | | | |
| b) | | | | | | | |
| c) | | | | | | | |
| d) | | | | | | | |
| If additional space is needed, add | l Lan extra sheet with heading: <i>Co</i> | l ommunity Activities | | | | | |
| 14. Work Experience: | an extra sheet man heading. | in the state of th | | | | | |
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| 15. | References: | | | | |
|---------|--|-------------|--------|-----|--|
| a. | Name | | Phone | | |
| Address | | Email: | | | |
| City | | State | Zip | | |
| | Relationship | Years known | | | |
| | | | | | |
| b. Name | | Phone | | | |
| | Address | | Email: | | |
| | City | | State | Zip | |
| | Relationship | Years known | | | |
| 16 | Letter of Recommendation: Attach a Letter of Recommendation from one of the following: | | | | |

16. Letter of Recommendation: Attach a Letter of Recommendation from one of the following: Teacher, Guidance Counselor or Administrator.

17. PLEASE READ AND SIGN:

I understand that if my application is approved I shall be expected to sign a promissory note each year for the amount of the scholarship, and that each note can be repaid by one year of teaching in an accredited public or private school in Florida or in cash.

Print Name:

Signature:

Date:

For Local Unit Contact Information to submit Application Call or e-mail the Florida Retired Educators Association

727-577-6400 or <u>info@frea.org</u>

Deadlines are in the Fall and Vary by Unit.

Checklist for Scholarship Submission:

- Completed Application
- Separate typed page stating additional information for questions 4, 6, 12, and 13 if used.
- Single page typed Essay
- Recommendation Letters
- Official high school transcript with ACT or SAT scores circled. In the event the ACT/SAT scores are not printed on the transcript, a student applying for this scholarship must send an official copy of these scores along with this application in order for consideration.
- Mail your application by your local unit deadline

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