

DELEON SPRINGS COMMUNITY ASSOCIATION, INC.
MERIT SCHOLARSHIP APPLICATION

PERSONAL INFORMATION:

NAME _____ AGE _____
 Last First Middle

ADDRESS _____
 Street City State Zip Code

HOME TELEPHONE NUMBER _____ CELL TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

FAMILY INFORMATION:

FATHER/GUARDIAN NAME: _____ OCCUPATION: _____

MOTHER/GUARDIAN NAME: _____ OCCUPATION _____

NUMBER OF CHILDREN (TOTAL) IN THE FAMILY: _____

UNIVERSITIES/COLLEGES TO WHICH YOU HAVE BEEN ACCEPTED: _____

UNIVERSITY/COLLEGE YOU WILL ATTEND: _____

SCHOOL ADDRESS: _____

COLLEGE MAJOR: _____

CAREER PLANS: _____

GPA _____ CLASS RANK : _____ (to be filled in by Counselor)

COUNSELOR'S SIGNATURE AND TELEPHONE NUMBER _____

ATTACHMENTS:

1. LETTERS OF RECOMMENDATION (2)
2. ACTIVITIES SHEET (leadership roles, clubs, organizations, work experience, volunteer/religious activities, etc.)
3. PERSONAL ESSAY
4. SCHOOL TRANSCRIPT

All APPLICATIONS MUST BE SUBMITTED WITH COMPLETED APPLICATION AND ATTACHMENTS BY MARCH 31ST TO: The DeLeon Springs Community Association, Inc. Merit Scholarship Committee, P.O. Box 271, DeLeon Springs, Florida, 32130

STUDENT SIGNATURE: _____ DATE _____