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: _____

NUMBER OF CHILDREN (TOTAL) CURRENTLY IN POST SECONDARY SCHOOL_____

COLLEGE MAJOR: _____

CAREER PLANS: _____

UNIVERSITY/COLLEGE/VOCATIONAL SCHOOL YOU WILL ATTEND: _____
ADDRESS: _____

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_____