

Scholarship Fund Application for High School Graduates

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the conditions of the Washington Shores Church of Christ

Scholarship Foundation Fund as noted in the Qualification form and Direction form. I affirm that I plan to pursue a college education in an accredited college or university. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the Washington Shores Church of Christ Scholarship program. I understand that this application will be available only to qualified people who need to see it in the course of their duties. If selected for a Washington Shores Church of Christ Scholarship, I agree to public announcements including church bulletin, Facebook and other social media platforms. I affirm that all of this application, including the essay, is my own work and not from other sources. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.



# I. Personal Information

Full name of applicant Nickname

Home number Email address

Present home address

City State Zip

Date of birth Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# II. Family Information

Mother’s name

Occupation

Street address

City,ST,Zip

Phone number

Father’s name

Occupation

Street address

City,ST,Zip

Phone number

# III. Education

Secondary Schools

Most recent secondary school attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School type  Public  Charter  Private /Christian  Home School

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current cumulative GPA\_\_\_\_\_\_\_\_\_\_\_\_\_ on a scale of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution you plan to attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do plan to become your major in college \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



1. List high school activities (group or individual) in which you’re an active member and identify any leadership role or responsibilities you have.
2. List any academic achievements, awards, honors, or special recognitions you have received during your

high school years.

1. List your involvement in community service (Include leadership roles/period of involvement).

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



1. Give a brief outline of your personal as well as educational goals.

1. Please describe the interests you plan to explore in college.
2. Provide a statement of your faith and your views on God’s will in your life



Qualification Form

***(To qualify for this scholarship, you must produce all items below)***

* Complete in its entirety the scholarship application and questions
* Provide proof of a 3.0 (or better) GPA and maintain that average before receiving this fund. Weighted GPA is acceptable
* On a separate sheet of paper, provide a 100-500-word essay as to why you need/deserve this funding
* Proof of 75 hours of community service.
* Name(s) and number of site(s) you volunteered
* Name and contact number of community service supervisor
* Must have attended and graduated from a high school in Orange, Osceola, or Seminole county, Florida.
* Must be a current high school graduate in the same year the scholarship funding is released
* Provide a copy of your official high school transcript.
* Provide two letters of recommendation

If you have any questions, please contact the church office at (407) 822-7156 or email

[church@mywscc.com](mailto:church@mywscc.com).

**\****Proof of college acceptance must be provided prior to release of funds*

**\****This scholarship is a one-year (two semesters) award, payable in $500.00 increments each*

*semester, contingent upon your verification as a full-time student.*