

# Scholarship Application

<b>Social Security Number:</b>										
<b>Last Name:</b>					<b>First Name:</b>			<b>Middle:</b>		
<b>Mailing Address:</b>					<b>City:</b>			<b>State:</b>		<b>Zip:</b>
<b>Phone:</b>										
<b>Permanent Address:</b>					<b>City:</b>			<b>State:</b>		<b>Zip:</b>
<b>Phone:</b>										
<b>Florida Resident:</b>			<b>Yes</b>			<b>No</b>				
<b>Classification:</b>			<b>Junior</b>			<b>Senior</b>			<b>Graduate</b>	
<b>Major Course of Study:</b>					<b>School attending at present:</b>					
<b>HIGH SCHOOL</b>		<b>Name/City/State:</b>								
<b>GPA</b>					<b>Dates attended</b>					
<b>COMMUNITY COLLEGE*</b>		<b>Name/City/State:</b>								
<b>GPA</b>					<b>Dates attended</b>					
<b>Course of Study</b>										
<b>COLLEGE*/UNIVERSITY*</b>		<b>Name/City/State:</b>								
<b>GPA</b>					<b>Dates attended</b>					
<b>Course of Study</b>										
<b>OTHER SCHOOLS*</b>		<b>Name/City/State:</b>								
<b>GPA</b>					<b>Dates attended</b>					
<b>Course of Study</b>										
<b>* Transcripts must be submitted</b>										
<b>Extracurricular Activities, Clubs, Service Groups:</b>										

**Employment History:**

**Dates**

**Place of Employment**

**Position**

**Honors, Awards:**

**Describe why you would like to be considered for this scholarship:**

**Career Objectives:**

<p><b>Although not required, you may attach a resume, letters of recommendations, or additional sheets describing your interests and activities if you wish.</b></p>	
<b>Signature</b>	<b>Date</b>
<b>Return application to:</b>	<b>FFAA</b> <b>P.O. Box 9326</b> <b>Winter Haven, FL 33883-9326</b>

**Application must be postmarked by October 15 to be considered.**