

2024 Sopchoppy Worm Gruntin' Festival Scholarship Program

Sponsored by Discover Sopchoppy LLC



Discover Sopchoppy LLC is proud to announce the continuance of the **Sopchoppy Worm Gruntin' Festival Scholarship Program**. Under the Program, **Discover Sopchoppy LLC** will award one \$1,000 scholarship each year to a high school student from the Sopchoppy area at the annual festival.

Program Guidelines & Priorities:

- The applicant must have a Sopchoppy, Florida mailing address to be considered for the scholarship.
- Applicants must be a student enrolled in twelfth grade in the Florida educational system.
- Applicants must have a minimum GPA of 2.5 and plan to attend a two-year or four-year college or technical school.
- Application deadline is Friday, March 15, 2024, by 5:00 p.m. to be received by **Discover Sopchoppy LLC**. Late applications will not be accepted.
- Scholarship funds will be paid to scholarship recipient in September of 2024. It will be the student's responsibility to submit to **Discover Sopchoppy LLC** a copy of their registration, schedule, and/or receipt for tuition to a college or technical school in order to receive the scholarship funds.

Mail one copy of a completed typed application package to: **Sopchoppy Worm Gruntin' Festival Scholarship Committee, c/o Discover Sopchoppy LLC, 140 Municipal Avenue, Sopchoppy, FL 32358**. Please note it must be received by March 15, 2024, by 5:00 p.m., to be considered. The applications will be reviewed and the recipient will be selected by a committee of volunteers from Sopchoppy Worm Gruntin' Festival Committee. Scholarship is achievement-based, not need-based. The scholarship will be awarded at the festival the second Saturday in April each year.

Please submit any questions to: DiscoverSopchoppy@gmail.com

SCHOLARSHIP APPLICATION 2024

Please type or print your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: () _____ Email Address: _____
4.	Date of Birth: Month Day Year Gender: _____
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) (Application must be signed by Guidance Counselor below confirming information provided above.)
6.	Name and location of High School attending: _____

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote **Sopchoppy Worm Gruntin' Festival Scholarship** program.

I hereby understand that if chosen as a scholarship winner, according to **Discover Sopchoppy LLC's** requirements, I must be present at the festival on **April 13, 2024 at 12:00 p.m.** to receive my scholarship award.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of Scholarship Applicant: _____ **Date:** _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this scholarship applicant's cumulative grade point average (GPA) is correct as stated above and that I support this application for the **Sopchoppy Worm Gruntin' Festival Scholarship**.

Name of Guidance Counselor: _____

High School: _____

Contact information (email and phone): _____

Signature of Guidance Counselor: _____ **Date:** _____

Checklist: ___ Application (including Guidance Counselor signature) ___ Essay

MAIL COMPLETE APPLICATION PACKAGE TO:
Sopchoppy Worm Gruntin' Festival Scholarship Committee
c/o Discover Sopchoppy
140 Municipal Avenue
Sopchoppy, FL 32358

REMINDER: The deadline for this application to be received by Discover Sopchoppy LLC is:
FRIDAY, MARCH 15, 2024, 5:00 p.m. NO EXCEPTIONS!