

**DELEON SPRINGS COMMUNITY ASSOCIATION, INC.**  
**MERIT SCHOLARSHIP APPLICATION**

**PERSONAL INFORMATION:**

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
                    Last  First  Middle

ADDRESS \_\_\_\_\_  
                    Street  City/Town  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: \_\_\_\_\_ (**must be filled in by Counselor**)

COUNSELOR'S SIGNATURE: \_\_\_\_\_

COUNSELOR'S TELEPHONE NUMBER AND EXTENSION: \_\_\_\_\_

**ATTACHMENTS:**

- 1. LETTERS OF RECOMMENDATION (2)
- 2. ACTIVITIES SHEET (leadership roles, clubs, organizations, work experience, volunteer, faith-based activities, etc.)
- 3. PERSONAL ESSAY

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

STUDENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_