



COLLEGE SCHOLARSHIP APPLICATION FOR PROSPECTIVE EDUCATION MAJORS

APPLICATION INFORMATION

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Email _____

SCHOOL INFORMATION

Name of School _____ Principal _____

School Address _____

School Telephone (____) _____ Counselor _____

Official High School Transcript including freshman though present with ACT, SAT, or FCAT score

PARENT/GUARDIAN INFORMATION

Name _____ Contact Phone (____) _____

AWARDS AND ACHIEVEMENTS (Also write a brief statement of how this scholarship will assist you in becoming a teacher, use back of page if necessary.)

LETTERS OF RECOMMENDATION

Attach two letters from any Teacher—Guidance Counselor—Administrator

Mail Completed Application Form to: Scholarship Chair 3209 Yorktown Dr., Tallahassee, FL 32312

PLEASE SIGN _____ **DATE** _____

Application must be received by

Pat Keen: Cell (850) 445-1514 email pat.w.keen@gmail.com