

DELEON SPRINGS COMMUNITY ASSOCIATION, INC.
MERIT SCHOLARSHIP APPLICATION

PERSONAL INFORMATION:

NAME: _____ AGE: _____
Last First Middle

ADDRESS: _____
Street City/Town Zip Code

BEST TELEPHONE NUMBER TO REACH YOU: _____

YOUR E-MAIL ADDRESS: _____

FAMILY INFORMATION:

FATHER/GUARDIAN NAME: _____ OCCUPATION: _____

MOTHER/GUARDIAN NAME: _____ OCCUPATION: _____

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 31ST TO: The DeLeon Springs Community Association, Inc. Merit Scholarship Committee, P.O. Box 271, DeLeon Springs, Florida, 32130

STUDENT SIGNATURE: _____ DATE: _____