



Scholarship Application Form

Revised 07-2017

Instructions: All applications must be received, or postmarked, no later than January 31st. Failure to complete all portions of this form may result in your disqualification.

1. APPLICANT:

Last Name		First Name		Middle Initial	Home Phone
Are you a U.S. Citizen?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Home Address		City		State	Zip Code
Name of School Attending		School District		School Phone	
School Address Street		City		State	Zip Code

2. GRADE POINT AVERAGE AND GRADE POINT VERIFICATION:

Grade / Class _____ Grade Average _____ (Attach Official Transcript)

I, _____ certify that _____

Signature of High School Official and Title

Print Applicant's Name

Has a cumulative unweighted GPA of 3.0 or above through the first semester of 12th grade, including grades 9 through 12, based on a 4.0 scale, unweighted.

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3. REFERENCES:

Letters from each of these adults must be included in your application package. Reference letters may NOT be written by club advisor, the applicant, anyone under 21 years of age, or anyone related to or serving as the legal guardian of the applicant. At least one phone number must be included for each reference.

A.

_____	_____	_____
Last Name	First Name	Association w/applicant, (i.e., teacher, counselor, community)
_____	_____	_____
Daytime Phone Number		Evening Phone Number

B.

_____	_____	_____
Last Name	First Name	Association w/applicant, (i.e., teacher, counselor, community)
_____	_____	_____
Daytime Phone Number		Evening Phone Number

C.

_____	_____	_____
Last Name	First Name	Association w/applicant, (i.e., teacher, counselor, community)
_____	_____	_____
Daytime Phone Number		Evening Phone Number



8. PLEASE READ THE IMPORTANT INSTRUCTIONS BELOW.

Enclose your entire application package in one envelop and submit it to your FPSA Advisor/Instructor who will mail the package to the State Director no later than January 31st. The application must be postmarked no later than January 31st. No faxes or emails will be accepted and applications received after this date will automatically be disqualified. FPSA is not responsible for postal or delivery delays, lost, or misdirected mail.

SUGGESTIONS:

DO NOT Send originals of any material that you may need in the future.

DO NOT Put the application package or the copies into a binder, notebook, or acetate cover.

DO Complete and send your application package as early as possible to ensure that it is guaranteed to reach us prior to the deadline.

DO Use care, thought, and planning to complete this application.

DO Send a certified, sealed copy of your transcripts.

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9. VERIFICATION OF APPLICATION

APPLICANT

I certify that all information on this form is true to the best of my knowledge. I understand that this application is for consideration for the FLORIDA PUBLIC SERVICE ASSOCIATION SCHOLARSHIP. I further agree to give permission to have my transcripts and test scores attached to my application and letters of recommendation submitted shall become the property of the Florida Public Service Association and will not be returned to the applicant. They will be used, in whole or in part, at the discretion of the "Scholarship Committee" without further permission of, or compensation to, the applicant.

Applicant Signature

Date

PARENT OR GUARDIAN APPROVAL

I approve my son/daughter's participation in this scholarship program. I have read the qualifications listed for the award and confirm that he/she meets the qualification.

Parent / Guardian Signature

Date

Name Printed

Telephone

ENDORSEMENT OF SCHOOL GUIDANCE COUNSELOR

I certify that the above-named applicant is well qualified for this scholarship and has my complete recommendation.

Signature

Date

Name Printed

Telephone