



SCHOLARSHIP APPLICATION FORM

Poinciana Resident Students – ‘Seniors’

(Students MUST live in zip codes 34758, 34759 or 34746 to qualify)

Questions? Contact Tom Dorsey by email at tom.dorsey@osceolamemgds.com

Section I – To be completed by applicant

Name of Applicant _____

Address of Applicant _____ Zip Code _____

Date of Birth _____ Contact phone # _____ Email: _____

High School you are attending _____

University, College or Technical School you have applied to or plan to apply to _____

Course level (check one) 2 years 4 years

Area of Study (if known) _____

Additional Information
(If you need additional space please attach a separate piece of paper and/or attach an Academic Resume if applicable)

Hours of Community Service during High School _____

Where & What (Summary of Community Service) _____

Extra-Curricular Activities _____

Work Experience (other than Community Service) _____

Job Shadowing _____

ESSAY PROMPT: Explain your educational goals and future career path. How will achieving your goals impact your community?

MUST be a 500 word essay (minimum). Typed and double spaced. *(Not typed essays will result in disqualification)*

ATTACH ESSAY TO THIS APPLICATION FORM AND SUBMIT TO GUIDANCE COUNSELOR NO LATER THAN FEBRUARY 28, 2017.

Also attach a copy of your official high school transcript and a letter of recommendation from a teacher.

Section II – To be completed by Academic Instructor or Guidance Counselor

GPA (weighted) _____ GPA (unweighted) _____

FCAT Reading Score _____ Date Passed _____ FCAT Math Score _____ Date Passed _____

Name of Academic Instructor/Guidance Counselor _____

Please rank (checkmark your answer) the following 4 questions regarding this student **(1 = Poor, 2 = Average and 3 = Good)**

1 Attendance 1 2 3 **3** Overall Behavior 1 2 3

2 Tardiness 1 2 3 **4** Commitment to further their education 1 2 3