

FLORIDA CONFERENCE OF BLACK STATE LEGISLATORS
2015 SCHOLARSHIP APPLICATION



400 NORTH ADAMS STREET
TALLAHASSEE, FLORIDA 32301
(850) 224-0937

FLORIDA CONFERENCE OF
BLACK STATE LEGISLATORS FOUNDATION
2015 SCHOLARSHIP APPLICATION FORM

PART I

Name: _____ **SSN#** _____
(First, M.I. Last)

Home Address: _____ **Home Phone:()** _____
(Street, RR, PO Box, Apt No)

(City) (State) (Zip)

Age: _____ **Sex:** _____ **Ethnicity:** Asian _____ Amer. Indian _____ African American _____ Hispanic _____ Caucasian _____ Other _____
(Check one –see disclosure statement)

Family Information:

Father's Name: _____ **Mother's Name:** _____

Address: _____ **Address** _____

Occupation: _____ **Occupation:** _____
Telephone: _____ **Telephone:** _____

High School Information:

Name of High School: _____
Address: _____ **Telephone()** _____
_____ **Graduation Date:** _____

Intended Field of Study/Major: _____

Do you plan to complete a: Bachelor's Degree _____, Associate Degree _____, Other _____

High School Activities: Please check all that applies.

Leadership/Academic Awards/Honors:

___ **National Honor Society**
___ **Who's Who American H.S. Student**
___ **Student Council / Government**
___ **Class Officer**
___ **National Achievement**
___ **Merit Scholastic**
___ **Other** _____

Extracurricular Activities:

___ **Varsity Sports**
___ **Intramural Sports**
___ **ROTC**
___ **Cheerleading**
___ **Choir / Band**
___ **Charitable/Service Organizations**
___ **Other** _____

In this space please tell us why you think you should receive the Florida Conference of Black State Legislators Foundation Scholarship ? (100 words minimum):

[illegible]

My Local Florida State Legislator Is:

(Print Name)

Certification:

I certify that the information provided on this application is true to the best of my knowledge. I will use scholarship fund for education purposes only.

Signature of Applicant

Date

DISCLOSURE: By signing this form, the applicant authorizes the Florida Conference of Black State Legislators Foundation (FCBSL) to use the information submitted as the organization deems appropriate relative to award of scholarships. Scholarship application materials become the property of FCBSL and will not be returned to the applicant. The FCBSL reserves the right to use submitted photographs and submitted information for publicity purposes. FCBSL does not discriminate in the awarding of scholarships on the basis of age, sex, or ethnic background. However, the optional age, sex and ethnicity information requested is desirable so that the FCBSL may continue to remain in Compliance with this policy. The maximum amount of the Florida Conference of Black State Legislators Foundation Scholarship is \$500.00.

ELIGIBILITY REQUIREMENTS: By signing this form, the applicant is acknowledging that they are not an employee of, related to nor affiliated to any legislator, legislator's staff, FCBSL Board of Directors or FCBSL employees. In addition, by signing and submitting this application form and photograph the applicant agrees to comply with the requirements listed above and asserts that the submitted information is his/her own. All applicants who are awarded a scholarship will be required to submit an official acceptance letter from an accredited four year Florida college or university, a verification enrollment certificate and submit your class schedule stating enrollment as a full time student for the 2015 fall semester. The minimum grade point average required is 2.50.

PLEASE ATTACH **PHOTO** OF THE APPLICANT

APPLICATION MUST BE RECEIVED BY
Monday, June 1, 2015

PART III

To be completed by a High School Principal or Official only:

Name of High School: _____

Address: _____ **Telephone()** _____

Expected H.S. Graduation Date: _____ **H.S. Class Rank:** _____ **ACT:** _____ **SAT:** _____

H.S. Cumulative GPA: _____ **Scale used:** 4 _____ 11 _____ **Other(explain)** _____

Note: The cumulative GPA given must reflect 6 or more semesters of high school work, including 9th to 11th year minimally!

**PLEASE ATTACH A COPY OF THE STUDENTS OFFICIAL
TRANSCRIPT TO THIS APPLICATION**