

## 2017 PAPA JOHNS SCHOLARSHIP APPLICATION

The following must be included with your application:

- Include a letter of recommendation. They can be from teachers, guidance counselor, administrator, employer or where you volunteered. Please include the person's name, address and phone number.
- 300 word essay on –tell about an experience you have had and the impact it has had on your life
- Grade/Test report form.(See below)

One complete application packet; a packet includes application, grade/report form, and letter of recommendation, must be mailed or delivered by the **Deadline of Tuesday, March 28, 2017 at 4:00p.m.** to Foundation office at 1239 NW 4<sup>th</sup> St. Ocala, FL 34475

***Failure to follow all of these requirements will result in your not being considered for a scholarship.***

Student's Name: \_\_\_\_\_

Address with zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

High School: \_\_\_\_\_ Birth date: \_\_\_\_\_

College you plan to attend: \_\_\_\_\_

College address with zip code: \_\_\_\_\_

GPA \_\_\_\_\_ SAT Score \_\_\_\_\_ and/or ACT Score \_\_\_\_\_

CPT Scores: \_\_\_\_\_ Reading \_\_\_\_\_ English \_\_\_\_\_ Algebra \_\_\_\_\_

Career Goal: \_\_\_\_\_

Have you applied for any other scholarships? \_\_\_\_\_ Please list names and amount.

\_\_\_\_\_  
\_\_\_\_\_

To date, have you received any other scholarship funding? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which scholarship(s) have you received?

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Extra Curricular Activities – Organizations, Clubs, Sports, Band, Chorus, Drama, etc. (please indicate any office held): \_\_\_\_\_

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Honors and Awards: \_\_\_\_\_

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Community or Other Activities: \_\_\_\_\_

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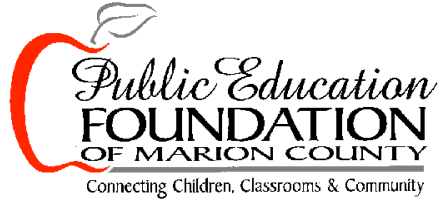
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Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit your application, essay, letters of recommendation, & Grade/Test report form by  
**Tuesday, March 28, 2017 at 4:00p.m. To:**

***Public Education Foundation of Marion Co., Inc.  
Thelma Parker Center, 1239 NW 4<sup>th</sup> St. Ocala, FL 34475  
671-4167***



**2017**  
**Scholarship Application Grade/Test Report**

**Student Name** \_\_\_\_\_

**School** \_\_\_\_\_

**Unweighted GPA** \_\_\_\_\_ **Weighted GPA** \_\_\_\_\_ **Class Rank** \_\_\_\_\_

**Highest SAT Composite score without Writing Scores** \_\_\_\_\_

**Highest ACT Composite score without Writing Scores** \_\_\_\_\_

**List all Honors/AP classes 9<sup>th</sup>-12<sup>th</sup> grade**

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\_\_\_\_\_  
**Counselor's Name**

\_\_\_\_\_  
**Counselor's Signature**

\_\_\_\_\_  
**Date**