



## 2017 SIGNATURE BRANDS SCHOLARSHIP APPLICATION

### *\$2,000 Scholarship*

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 – Using one of the five core values above, write a three hundred word essay incorporating how this value(s) was instrumental in you achieving a goal or overcoming an obstacle. (see DESCRIPTION page)
- Minimum 3.00 unweighted GPA required. Completed Grade/Test report form.(See below)
- FASA Report

One complete application packet; a packet includes application, grade/report form, and letter of recommendation, must be mailed or delivered by the **Deadline of Friday, March 10<sup>th</sup>, 2017 at 5:00p.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.

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

Submit your application, essay, letters of recommendation, & Grade/Test report form by Friday, March 10th at **5:00p.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*