



## 2017 JOSHUA ROSSIGNOL MEMORIAL SCHOLARSHIP APPLICATION

The following must be included with your application:

- Scholarship available to Dunnellon High seniors pursuing an education in the culinary arts
- A letter of recommendation from a teacher, guidance counselor, employer or a high school administrator.
- Please write an essay of 300 words or less on the following topic: Tell us about an experience you have had that has had an impact on your life? (Essay should be typed on a separate sheet of paper.)
- Grade/Test report form.(See below)

One complete application packet; a packet includes application, grade/report form, essay, and letter of recommendation, must be mailed or delivered by the **Deadline of Tuesday, March 28, 2017 at 4:00p.m.** to Foundation office@ 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?  
If so, which scholarship(s) have you received?

Yes \_\_\_\_ No \_\_\_\_

---

---

---

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

---

---

---

---

---

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

---

---

---

---

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

---

---

---

---

---

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

Submit your application, essay, letter 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*

---

---

---

---

---

---

---

---

---

---

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

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

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