



## 2019 JIM & JOANNE YANCEY SCHOLARSHIP FUND APPLICATION

The following must be included with your application:

- 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 why you are pursuing a major in Sports Management, Agriculture, or Competitive Golf and how will it help you in your career interests. Also, tell us how you see yourself making your community better through your career. (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 Friday, March 1st 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: \_\_\_\_\_

Personal Email Address(Do Not Use your MCPS email) \_\_\_\_\_

Telephone: \_\_\_\_\_ Last 4 of 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 \_\_\_\_

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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, letter of recommendation, & Grade/Test report form by **Friday, March 1st 2019 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*



**2019**  
**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*