



## 2019 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 Friday, March 1, 2019 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: \_\_\_\_\_

Personal Email (Do Not Use your MCPS Student 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 \_\_\_\_

---

---

---

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, letters of recommendation, & Grade/Test report form by  
**Friday, March 1, 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*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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