



2019 WALTER WILLIAM WADE MEMORIAL SCHOLARSHIP

The following must be included with your application:

- 3 letters of recommendation from a teacher, guidance counselor, or a high school administrator
- **Please write an essay of 300-words or less on the following topic:** Why do you feel that the Arts are so important to a community & how has your passion for the Arts influenced your future plans? (Essay should be typed).
- Grade/Test report form.(See below)
- DD Form 214 certifying their parent's military discharge.

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, 2019 at 4:00p.m.** to Foundation office at 1239 NW 4th 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: _____ Last 4 digits of your Social Security #: _____

Personal Email (not your MCPS student email) _____

High School: _____ Birth date: _____

College you plan to attend: _____

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?

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

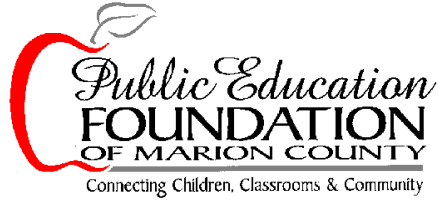
Honors and Awards: _____

Community or Other Activities: _____

Student's signature: _____ Date: _____

Submit your application, essay (if required), 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 4th 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 9th-12th grade

Counselor's Name

Counselor's Signature

Date