

### 2020 Winners Circle Scholarship Application

The following must be included with your application:

- A letter of recommendation from a teacher, guidance counselor, or a high school administrator
- Grade/Test report form.(See below)
- Must demonstrate financial need. (A copy of your Student Aid Report (SAR) must be attached to your application.

One complete application packet; a packet includes application, grade/report form, letter of recommendation, and copy of Student Aid Report (SAR) must be mailed or delivered by the **Deadline of Friday, March 6th at 4:00p.m.** to the 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: \_\_\_\_\_ 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?

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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: \_\_\_\_\_

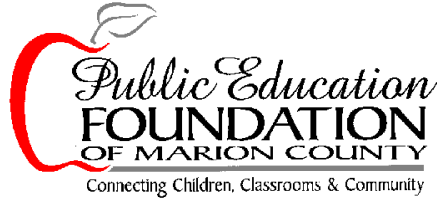
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Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit your application, letter of recommendation, Grade/Test report form and SAR report by **Friday, March 6th 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  
352-671-4167**



**2020**  
**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*