



## 2020 BOYNTON EDUCATION MEMORIAL- VANGUARD HIGH MILITARY CADET ACADEMIC SCHOLARSHIP APPLICATION

The following must be included with your application:

- A letter of recommendation from a teacher, guidance counselor, or high school administrator from Vanguard High School.
- **Please write an essay of 300 words or less on the following topic:** Those around us help shape the people we will become. Who in your life has inspired you to achieve your education dreams? Please give specific details on how they were inspirational. (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 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: \_\_\_\_\_

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.

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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, letters of recommendation, & Grade/Test report form 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  
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*