

## 2021 JOSHUA ROSSIGNOL MEMORIAL SCHOLARSHIP APPLICATION

The following must be included with your application:

- 1 scholarship available to a Marion County Senior pursuing an education in the culinary arts.
- 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 an experience you have had that has had an impact on your life? (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 Thursday, March 11th, 2021 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 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: Algebra \_\_\_\_\_ Reading \_\_\_\_\_ English \_\_\_\_\_

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?

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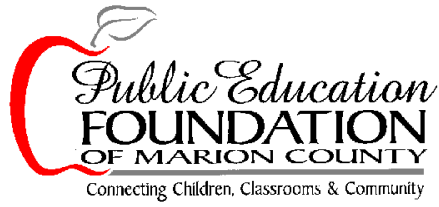
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Student's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit your application, essay, letter of recommendation, & Grade/Test report form by  
**Thursday, March 11th, 2021 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*



**2021**  
**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*

