

Celebrating 15 years of Son Reflection! SCHOLARSHIP APPLICATION

Name:	DOB:
Mailing Address:	
Email Address:	
Contact Phone #:	
Currently High School Senior ☐ Yes Expected Gr	
School Name:	
Which Higher Education Schools <u>Have You Applied</u> To:	
Pacaivad Accontance at:	
Received Acceptance at:	
(please attach letter(s) of Acceptance if available) List Awards, Interests, Clubs, Community Activities:	
List Awards, interests, Clubs, Community Activities	es:
Letter(s) of Recommendation □ Yes (please attach Letter(s):	
Recommendation Letters from:	
Applicant's Printed Name:	
Applicant's Signature:	
Parent/Guardian Printed Name:	
Parent/Guardian's Signature:	Date:

SCHOLARSHIP APPLICATION, CRITERIA, REQUIREMENTS, DEADLINES

Evaluation Criteria for Application & Essay Reviews:

- 1. Demonstrated commitment to education and exemplifying the Six Pillars of Character
- 2. Statement of goals, career interests and future plans
- 3. Letter(s) of recommendation
- 4. Academic achievement and accomplishments
- 5. Grammar and use of language

The following must be fully completed and submitted for consideration:

- 1. Application
- 2. Statement of goals, career interests and future plans
- 3. Letter(s) of Recommendation
- 4. Letter(s) of Acceptance, if available

A *Cumulative Summary of Graduation Requirement Fulfillment* will be requested from St. Johns County Schools

Deadline for submission: Must be <u>received by</u> Michael Israel or Tamara Boettger no later than March 19th

Email to: Michael.Israel@stjohns.k12.fl.us

Tamara.Boettger@stjohns.k12.fl.us

Mail to: St Johns County Schools

Attention: Student Services Dept. (A.S.S.I.S.T)

40 Orange St

St. Augustine, FL 32084

For Questions contact:

Michael Israel (904) 547-7589 Michael.Israel@stjohns.k12.fl.us

Tamara Boettger (904) 547-7593 Tamara.Boettger@stjohns.k12.fl.us

Scholarships will be announced via email to your respective school counselor