



SDFM | Chapter

**Greater  
Jacksonville**

Society of Defense Financial Management  
P.O. Box 440234  
Jacksonville, FL 32222-0021

January 23, 2025

Subj: Scholarship Award Program

The Greater Jacksonville Chapter of the Society of Defense Financial Management (SDFM) is soliciting applications for a \$500.00 scholarship award to be given by our chapter/organization. Applicants must be seniors in a local high school, pursuing a college education in the fields of ***Financial Management*** which includes ***Accounting, Finance/Economics, Business or Computer Science***.

Applications must be postmarked no later than ***MARCH 24, 2025***, and should be mailed to:

SDFM Greater Jax Chapter  
P.O. Box 440234  
Jacksonville, FL 32222-0021

If you have any questions, I can be reached at 904-610-3494 or at [karlboyg@gmail.com](mailto:karlboyg@gmail.com).

You may make additional copies of the enclosed application as needed.

Sincerely,

*Karl Grant*

Karl Grant  
Scholarship Committee Chair



SDFM | Chapter

**Greater  
Jacksonville**

**SOCIETY OF DEFENSE FINANCIAL MANAGEMENT  
GREATER JACKSONVILLE CHAPTER  
SCHOLARSHIP AWARD PROGRAM APPLICATION**

**PART I: PERSONAL INFORMATION**

1. Applicant's Name:

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First Last

2. If you are an SDFM member's child and/or step-child, please annotate Parent's Name:

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First Last

3. Applicant's Address:

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Street Address

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City State Zip Code

4. Telephone Number(s) (**INCLUDE AREA CODE**) and E-Mail Address:

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Home **Cell (Indicate Parent or Applicant)**

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E-Mail Address **(please print clearly) and indicate if Parent or Applicant's email**

5. Parent/Guardian's Name: (Please Print)

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Parent **OR** Guardian's Name **(please circle either Parent or Guardian)**

6. To the best of my knowledge, the information contained in this application is true and correct.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART II: ACADEMIC INFORMATION**

1. Name of High School: \_\_\_\_\_

2. Class Rank \_\_\_\_\_ out of \_\_\_\_\_ **Counselor Verified/Initials** \_\_\_\_\_

3. Grade Point Average (GPA) \_\_\_\_\_ 4. National Honors Society Yes or No

4. SAT Scores \_\_\_\_\_ Reading/Writing \_\_\_\_\_ Math \_\_\_\_\_

**OR**

ACT Scores \_\_\_\_\_ English \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_ Science \_\_\_\_\_

5. College or University you plan to attend during the next academic year:

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Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

6. Have you been accepted by the college or university indicated above?

Yes \_\_\_\_\_ No \_\_\_\_\_ Date Accepted \_\_\_\_\_

7. If you have applied to colleges or universities (other than your first choice listed above), please list below and circle Yes or No if you have received an acceptance letter:

a. \_\_\_\_\_ Acceptance Letter Yes / No

b. \_\_\_\_\_ Acceptance Letter Yes / No

c. \_\_\_\_\_ Acceptance Letter Yes / No

d. \_\_\_\_\_ Acceptance Letter Yes / No

8. What will be your **MAJOR**? \_\_\_\_\_

9. What will be your **MINOR**? \_\_\_\_\_

10. Rank and grade point average verified by:

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School Counselor's Name (Please Print)

Signature

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

### **PART III: ATTACHMENTS**

1. You must submit an autobiography: **minimum 500 words; double spaced; list your name in top right corner; and annotate "Word Count" after statement** – Include the following information:

- Personal history and future goals.
- Involvement in any Leadership Roles: Student Government; Academics (i.e., National Honor Society, Honor Roll, etc.); Club Officer, Eagle Scout, Tutor/Mentor, etc.
- Involvement in any Extra Curricular Activities: Sports (Varsity Team); Part-Time Employment; Church Activities/Community Service; School Clubs (i.e., Chorus/Band, Drama, Key, Language Arts, Yearbook, Newspaper, etc.); Developmental achievements/affiliations, (i.e., DECA, FBLA, IB, AICE, ICDC), etc.

2. High School Transcript **(ENSURE SSN IS BLACKED OUT).**
3. Letter of acceptance from college/university.
4. Copy of college entrance examination score.
5. If you desire, a Letter of Recommendation from a teacher, mentor, etc. can also be provided.

***For use by SDFM Scholarship Committee:***

**If applicant is a child or step-child of an SDFM member.** \_\_\_\_\_

**Date Verified**

**Scholarship Committee Score/Rating:** \_\_\_\_\_

**Notes:**

**Scholarship Committee Chair Signature:**

**Date:**