



***Elks Scholarship Application
Educational Trust Fund
(Must be received by April 1,2026)***

Name _____

Address _____

Phone _____

Parents' names _____

Parents' address _____

Parents' Phone _____

Father's employment _____

Mother's employment _____

Household income ☐ Less than 50,000 ☐ \$50,000-100,000 ☐ \$100,000-150,000 ☐ Over \$150,000

Date of Birth _____ No. of siblings _____

High school attended _____ Date of Graduation (or expected date of graduation) _____

G.P.A. (weighted) _____ (unweighted) _____ No. in class _____ Rank _____

School Activities _____

(attach additional sheets if necessary)

Outside/Community Activities _____

(attach additional sheets if necessary)

Honors _____

(attach additional sheets if necessary)

Career & Education Goals _____

(attach additional sheets if necessary)

College Plans _____

Have you been accepted by a college? _____yes _____no

If so, which college? _____

Have you applied for financial aid? _____yes _____no

Have you applied for other scholarships? _____yes _____no

Have you been awarded any other scholarships? _____yes _____no

If so, in what amount? _____

Explain why you feel you should be considered for the Elks Scholarship

1) On your merit: _____

2) on your financial need: _____

(attach additional sheets if necessary)

ELIGIBILITY REQUIREMENTS:

1. Applicant must attend or have attended a high school within St. Johns County.

2. Applicant is a resident of St. Johns County.

3. One parent of the applicant must be a St. Johns County resident.

Note: Residency requirements are waived for students attending FSDB

The Educational Trust Fund Committee requests that you furnish at least two written references. Please attach them to this Application. One scholarship is awarded per student. The student's overall excellence is considered.

Mail completed application to:

Elks Educational Trust Fund Committee

5354 Riverview Road

St. Augustine, FL 32080

Or send electronic copy to Elks829Scholarships@comcast.net