

Suncoast Educational Assistance Fund

Scholarship Application

INSTRUCTIONS: Please print all sections of this application. Scholarships are given to individuals who may have experienced a life-altering event, are re-entering the workforce or are adult learners who want to upgrade or renew their professional and/or personal skills.

Personal Data:

Legal Name of Applicant _____

Home Address _____

Mailing Address if different _____

Home Telephone _____ Cell Phone _____

Educational Data: (circle level)

High School GED College Technical Military Service Other

Name, Years attended, and if graduated.

School (s), College, or Vocational Institute you are or are planning to attend and what degree you are seeking. Include all information including Payee, address, financial office supervisor, contact telephone number:

Major area of Study? _____

Are you currently attending? _____

If so for how long? _____

When do you anticipate completion? _____

How many more months or credit hours are needed to graduate? _____

Financial Data: Please estimate the expenses you will encounter.

Tuition/Fees _____ Books/Supplies _____

Work Experience:

List any job you have had during the past 3years. Indicate if one is a current employer.

Employer	Nature of work	Length	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Letters of Recommendation:

Attach at least two letters of recommendation from either an employer, teacher, or someone who knows you well.

Personal Statement & Career Plans:

Describe your reasons and needs for desiring aid. Include any unusual circumstances if applicable. Please print or type your statement. This may be included in application package.

Scholarship awards must be used by the end of the calendar year in which they are awarded or they shall be forfeited

MY SIGNATURE BELOW INDICATES THAT ALL OF THE INFORMATION
CONTAINED IN THIS APPLICATION IS COMPLETE, FACUTALLY CORRECT AND
TRUTHFULLY PRESENTED. I ALSO HEREBY GRANT PERMISSION TO GIVE THIS
FORM AND THE ABOVE APPLICANT'S ACEDEMIC RECORDS TO THE NORTH
PORT AREA WOMEN'S SCHOLARSHIP COMMITTEE

Applicants Signature _____ Date _____

PLEASE RETURN THIS FORM to Suncoast Educational Assistance Fund, P. O. Box 7085, North Port, FL
34290 Attention: Scholarship Committee