



City of South Pasadena

7047 Sunset Drive
South Pasadena, Florida 33707
PH: (727)347-4171 FAX: (727)345-0518

SCHOLARSHIP PROGRAM APPLICATION FORM

APPLICANT: _____

ADDRESS: _____

LENGTH OF TIME RESIDING AT ABOVE ADDRESS: _____

PHONE NO: _____

SPONSOR'S NAME: _____
(if applicable)

SPONSOR'S ADDRESS: _____

LENGTH OF TIME RESIDING AT ABOVE ADDRESS: _____

SPONSOR'S PHONE NO: _____

SPONSOR'S RELATIONSHIP TO APPLICANT: Parent Grandparent
(circle one)

SCHOOL YOU WILL BE ATTENDING: _____

WHEN DOES SEMESTER BEGIN? _____

COST OF SCHOOL PER SEMESTER: _____ PER YEAR: _____

LIST ANY SCHOLARSHIPS YOU HAVE RECEIVED OR WILL RECEIVE AND APPROXIMATE AMOUNTS FOR EACH:

NO. OF SEMESTERS REQUIRED FOR GRADUATION: _____

COURSE DESCRIPTION, NUMBER OF HOURS AND TYPE OF DEGREE OR CERTIFICATE APPLICANT IS SEEKING:

NAME OF SCHOOL CURRENTLY ATTENDING: _____
(If applicable)

HIGH SCHOOL GRADE POINT AVERAGE: _____

HIGH SCHOOL CLASS RANK: _____

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? _____

REASON: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____

REASON: _____

STATEMENT OF CAREER GOALS AND POTENTIAL BENEFIT TO COMMUNITY WHEN SUCCESSFULLY COMPLETING EDUCATION:

CURRENT ANNUAL GROSS INCOME: _____

IF APPLICANT IS A DEPENDENT, ANNUAL GROSS INCOME OF SUPPORTERS:

Attachments Required:

- Proof of residency for one year (utility bills, rent receipts, residential lease or property tax bill) for applicant OR eligible family sponsor (parent or grandparent)
- Prior year federal income tax return OR tax return from person who claimed applicant as dependent
- College, trade or technical school acceptance letter (must be within the state of Florida)
- Statement from school indicating yearly cost
- Educational transcript from the last school attended

(SOCIAL SECURITY NUMBERS MUST BE BLOCKED OUT ON ALL REQUIRED FORMS.)

I HEREBY ATTEST THAT ALL THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE.

Applicant Signature

Date