

SCHOLARSHIP APPLICATION

Scottish Society of the Treasure Coast
P.O. Box 5263
Vero Beach, FL 32961

NOTE: Applications will be considered from high school students planning college or university studies, current college students and from others seeking support for programs deemed to be of value and interest by the Scottish Society. Scholarships will be for one year. Applicants will be evaluated on the following: academic achievement, financial need, participation in school/extra-curricular activities, community/church activities, school counselor recommendations, and other supporting information deemed relevant.

Please complete all items requested. Attach separate sheets in support of answers if desired. Please print or type answers for clarity.

All information will be treated as confidential by The Scottish Society.

PART I Basic Information

Name _____
Last First M.I.
Street and Number _____
City _____ State _____ Zip Code _____
Phone Home () _____
Cell () _____
Birthdate _____

PART 2 Academic Information

HIGH SCHOOL _____
name location

Cumulative GPA _____

LIST: Honors, Dual Enrollment, or special courses or interests pursued, awards received.

Clubs, sports, activities, other interests, hobbies

Part 3 Community/Church Activities

List community , church or other activities in which you have been Active. _____

Part 4 Goals and Objectives

Course(s) of study you expect to pursue in college:

Degree sought/major _____

Schools to which you have applied _____

Part 5 Other

Do you expect that your studies will involve or require travel to Scotland ? If so, when and where ? _____

Would you be available for a personal interview with the members of the Scottish Society who are on the Scholarship Committee, time permitting ?

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I have reviewed this application and such attachments which I have elected to supply and to my knowledge all the information is correct. I/we understand that the money is to be used only for tuition, fees, books, room and board and expenses directly related to education.

Applicant Signature

Parent or Guardian Signature

Date

Date