

FASFEPA VIVIAN SCOTT SCHOLARSHIP **APPLICATION FORM**

FLORIDA ASSOCIATION OF State FEDERAL EDUCATION PROGRAM ADMINISTRATORS

Part I: (To be completed by Scholarship Applicant)

Last Name: _____ First Name: _____ MI: _____

Student I.D. Number: _____

Address: _____ City: _____ Zip: _____

Telephone Number(s): _____

High School: _____ Date of Graduation: _____

Parent(s) or Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Institutional Preference(s)

Tuition and Educational Expenses

1st Choice: _____ 1. _____

2nd Choice: _____ 2. _____

3rd Choice: _____ 3. _____

A Completed FASFEPA Scholarship Application Form with all signatures must have the following attachments:

- A one-page personal typed narrative (300 words maximum) from the applicant explaining why he/she is applying for the scholarship; including all awards, interests, leadership and service activities within the community, and future goals.
- Official copy of High School Transcript;
- Three letters of recommendation;
 - One from a principal or administrative designee on school letterhead;
 - One from a faculty member on school letterhead; and
 - One from a non-family member.
- Complete Part II A: Demonstration of Financial Need.
- List of student organizations and activities (academic, civic, fine arts, athletic)

- 2X3 headshot of applicant

Applicant's Signature: _____ Date: _____

Part II: Demonstration of Financial Need

High School Seniors who apply for the *FASFEP*A Scholarship must submit Part II A. After completing and signing the top section, the applicant must provide the return date requested at the bottom of the form. The applicant should forward Part II A to the High School Principal.

Part II A: To be Completed ONLY by High School Seniors

Institutional Preference: _____ Have you been accepted? Yes No

I, _____ hereby authorize _____
(Name of Student) (Name of Principal)
to advise the FASFEP

A Board as to my demonstrated financial need for the purpose of my application for the *FASFEP*A Scholarship Program.

Signed: _____ Date: _____
(Signature of Student)

To be Completed by High School Principal

I certify that this student has a demonstrated financial need as determined by (please check **DIRECT CERTIFICATION** Free or **Reduced** lunch participation and that this student will meet the established criteria for obtaining a(n) _____ High School Diploma at the conclusion of this current school year. (State)

Principal's Signature _____ Date _____ Name of High School _____

School Phone Number _____ School's Percentage of Students Eligible for Free/Reduced Lunch _____

Please return this completed form to the applicant on or before _____
Return Date Supplied By Applicant

**BOARD OF DIRECTORS
2020-2021**

Maria Longa
Hillsborough County
President

Helen Christian
Sumter County
President-Elect

Sharyn Foster
Polk County
Secretary

Diane Dannemiller
Hernando County
Treasurer

Myca Chandler
Walton County
Region 1 Vice President

Joe Adkins
Columbia County
Region 2 Vice President

Rod Natta
St. Lucie County
Region 3 Vice President

Brian Schultz
Pasco County
Region 4 Vice President

Nicole Smith
Palm Beach County
Region 5 Vice President

Elena Garcia
Hillsborough County
Past President

Leticia Roman
Volusia County
Past-Past President

Yvonne Johnson
St. Lucie County
Board Appointee

Dr. Maria Pouncey
PAEC
Board Appointee

Marjorie Murray
Seminole County/ECTAC
Board Appointee

Kathi Harmon
Seminole County/ECTAC
Webmaster

FASFEP Scholarship Routing Form

Vivian Scott Scholarship

This form is to accompany each application submission of the Vivian Scott Scholarship. Applications that are submitted without the routing form or have missing signatures will be returned to the recipient.

**Scholarship Applications Due to
Sarasota County Schools State and Federal Programs and Grants Office
by March 08, 2021**

Complete applications may be received by Pony or Mail

STEP 1

Signature - Local High School – Principal

- Principal has verified that the student meets the qualifications for Free/Reduced Meals Application and/or is Directly Certified as Free/Reduced Meals

Signature of Principal

Application and Routing Sheet is to be sent to the staff member that coordinates scholarships at the respective school.

STEP 2

Signature – Local High School Scholarship Coordinator or Guidance Counselor

Signature of Scholarship Coordinator/Guidance Counselor

Application and Routing Sheet is to be sent by the staff member that coordinates scholarships to the Federal Programs Administrator / Title I District Office.

STEP 3

Third Signature and Final Signature – Federal Programs Administrator / Title I Office

Signature of Tara Konrardy, Federal Programs Administrator/Title I Office

Federal Programs Administrator/Title I Office is to return this form along with the vetted applications and rubric to the FASFEP Regional Vice President. Applications received directly from the applicants will be returned.