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WILLIAM G. & MARIE SELBY FOUNDATION

Est. 1955

1800 Second Street, Suite 954 • Sarasota, Florida 34236 • 941.957.0442 • www.selbyfdn.org

Sandra K. Lacey Scholarship Application

Personal Information

Name _____ Date of Birth ____/____/____
 Email _____ Gender _____
 Home Address _____ Cell Phone _____
 _____ Home Phone _____

How long have you lived in Sarasota County (in years)? _____

Educational Information

Highest Degree Earned: High School and/or GED
 Technical School or College
 Associate Degree
 Bachelor's Degree
 Graduate Degree
 None or Other (please specify _____)

Are you currently a student? Yes
 No

If yes: Current School _____

Major/Program/Area of Study _____

Intended Graduation/Completion Date: ____/____/____

Is this what you would like a scholarship for? ____Yes ____No

If you would like a scholarship for further education or non-degree classes that you are ***not*** currently enrolled in, please complete the following:

Desired School/Institution _____

Desired Major/Program/Area of Study _____

Desired Graduation/Completion Date: ____/____/____

Briefly describe how and why a scholarship to attend and complete a desired educational program would improve your life.

The following must be attached to your completed application:

1. Proof of hearing loss (e.g., audiogram, medical diagnosis)
2. Proof of Sarasota County residency (e.g., identification card, home utility or bill)

Please attach the following if *possible*:

1. Proof of acceptance into post-secondary education program
2. Estimated “Cost of Attendance” break-down from post-secondary institution
3. Bill from post-secondary institution

Please submit your completed application form and any attachments to the Selby Foundation through mail or email:

To Submit by Mail:	To Submit by Email:
Selby Foundation Attn: Sandra K. Lacey Scholarship 1800 Second Street, Suite 954 Sarasota, Florida 34236	Molly Swift, Scholarships Manager mswift@selbyfdn.org