

## **SEMINOLE CLUB OF BROWARD COUNTY 2018 SCHOLARSHIP**

The Seminole Club of Broward County Scholarship is a one-year, non-renewable partial scholarship awarded to a Broward County senior who is entering Florida State University on a full-time basis to pursue a Bachelor's degree. The selection criteria is as follows:

1. At the time of application, the student must be eligible for graduation with a standard diploma from an accredited high school in Broward County.
2. The student must have a minimum 3.0 un-weighted cumulative GPA.
3. The student must have applied for and be eligible for financial aid at Florida State University and demonstrate financial need.
4. The student must demonstrate community involvement (volunteer for community organizations) and participation in school activities (i.e., sports, student government, journalism, service clubs, band, drama, etc.)
5. The student must be a Broward County resident.

### **To apply for a scholarship, the student MUST:**

1. Complete (type or print) the attached application in its entirety, including the essay. Use additional pages if necessary.
2. Provide a letter of recommendation from a high school guidance counselor, BRACE Advisor, high school administrator, or employer on letterhead.
3. Provide an official copy of the student's high school transcript or a copy of the student's academic record from Virtual Counselor signed by the BRACE advisor or a counselor.
4. Provide a copy of acceptance information or the acceptance letter from Florida State University.

Mail the completed application, essay, letter of recommendation, acceptance information or letter, and transcript or academic record to:

The Seminole Club of Broward County  
c/o Patricia Roberts  
1319 E Hillsboro Blvd. Apt 508  
Deerfield Beach, FL 33441

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN March 19, 2018.  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

If there are any questions, please contact Patricia Roberts, Scholarship Chairperson, at robertsp1960@gmail.com.

**SEMINOLE CLUB OF BROWARD COUNTY  
2018 SCHOLARSHIP  
APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

email address \_\_\_\_\_ FSU Student Number \_\_\_\_\_

High School \_\_\_\_\_ Un-weighted GPA \_\_\_\_\_

SAT Math Score \_\_\_\_\_ SAT Reading Score \_\_\_\_\_ SAT Writing Score \_\_\_\_\_

SAT Total \_\_\_\_\_ and/or

ACT Math Score \_\_\_\_\_ ACT Reading Score \_\_\_\_\_ ACT English Score \_\_\_\_\_

ACT Science Score \_\_\_\_\_ ACT Total \_\_\_\_\_

Class Rank \_\_\_\_\_ of \_\_\_\_\_ class members

Father, Stepfather or Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother, Stepmother or Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of people in family \_\_\_\_\_ Number of people living at home \_\_\_\_\_

Number and age(s) of siblings living at home \_\_\_\_\_

Have any members of your family attended FSU? If yes, please give their names and dates of attendance. \_\_\_\_\_

Are you employed? \_\_\_\_\_ Employer \_\_\_\_\_

Have you applied for Financial Aid? Yes \_\_\_\_ No \_\_\_\_ If no, when do you anticipate submitting your application? \_\_\_\_\_

Please detail any unusual or extenuating financial circumstances that you would like us to consider in determining your financial need for the scholarship. (**Do Not** include any financial records such as W-2 forms or Income Tax Returns)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please detail your participation in high school activities (clubs, student government, sports, music/dance/theater, etc.) including offices held and awards received. (Attach additional pages if necessary)

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Please list all community activities and volunteer work. (Attach additional pages if necessary)

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Describe any special skills, interests, or hobbies.

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What is your intended major at FSU? \_\_\_\_\_

**REQUIRED ESSAY – ON A SEPARATE SHEET OF PAPER (500 words or less typed double space)**

Describe how your high school experience has prepared you for college, and what you expect to gain from an education at Florida State University.

**I HEREBY CERTIFY that all statements made on this application are true and correct.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BRACE/Guidance Counselor's Signature

\_\_\_\_\_  
Date

If you have any questions, please contact Patricia Roberts, Scholarship Chairperson, at robertsp1960@gmail.com

**Please mail the completed application, essay, letter of recommendation, copy of acceptance, and record of grades postmarked no later than March 19, 2018 to:**

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c/o Patricia Roberts  
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