



St. Lucie County Education Foundation Local Scholarship Application 2025-2026

Please **print** this form and complete. Provide the **number of copies specified** of the complete application which includes the application, recommendation letters, statement of educational goals/career objectives, and financial need. **Please do not submit transcripts with the applications unless they are specifically requested.** All forms **must be signed** where requested by student, parent(s) and school counselor or your application will not be eligible for consideration.

SCHOLARSHIP NAME: _____

Student Information

Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone _____ Date of Birth _____

Cell Phone: _____ E-Mail Address: _____

High School Attended: _____

SAT Scores Math: _____ EBRW: _____ Total: _____ ACT Composite _____

Weighted GPA: _____ Unweighted GPA: _____

School Counselor Signature: _____

College(s) you plan to attend: _____

Major(s): _____

Have you been accepted? Yes ___ No ___

Florida Prepaid College? Yes ___ No ___

Florida Bright Futures? Yes ___ No ___



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Parent Information:

Parents' Marital Status ___ married / remarried ___ divorced ___ separated ___ single ___ widowed

Is parent/guardian employee of the St. Lucie County School District? _____ Yes _____ No

Father/Guardian

Mother/Guardian

Name _____

Name _____

Address: _____

Address _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Total Income: _____

Total Income: _____

Please attach a copy of parents W-2, 1099, SSI Disability, K-1 (or 1040 form if self-employed) from the last fiscal year before application is due.

Number and ages of children in household, including those in college (excluding applicant): _____

School Extra-Curricular Activities (Make certain to indicate any leadership positions held **and** dates of service)

Academic Awards, Special Recognitions or Honors _____

Community Awards/Service Hours/ Total Hours: _____

Activities: _____

Hours Per Activity: _____

Work Experience

Employment History	Days Worked per Week	Hrs. Worked per Week	Length of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you were unable to work, please explain: _____

Special Interests or Hobbies: _____

Please send in resume if available _____

8/2004



St. Lucie County Education Foundation Student Local Scholarship Checklist Required Attachments

Please follow the instructions for each scholarship you are applying for as each scholarship might require different forms.

____ A.) W-2, 1099, or SSI Disability; a 1040 form is required for self-employed. Send the correct form from the last fiscal year before the application is due. An **explanation is required if you have no documentation.**

____ B.) Three (3) **signed recommendation letters** from sources such as: school counselors, ministers, employers, teachers, or administrators (no family members).

____ C.) Statement of your educational goals and career objectives.

____ D.) Statement of your specific need for financial assistance.

____ E.) Do not submit applications in binders or covers.

Please make sure all applications have the required signatures on them.

Disclosure of Limited Information

My parent(s) and I understand and agree that if I receive a scholarship through the St. Lucie County Education Foundation, the Foundation may publicize and disclose my name, photo, school and the scholarship that I received for media purposes. Yes No

The Foundation may also disclose my home address for congratulatory correspondence Yes No

I understand that our decision about disclosure of my home address will not affect my eligibility for any scholarships.

FAILURE TO COMPLY WITH ALL REQUIREMENTS WILL RESULT IN DISQUALIFICATION.

VARIOUS SCHOLARSHIPS HAVE DIFFERENT REQUIREMENTS. PLEASE FOLLOW SPECIFIC DIRECTION FOR EACH SCHOLARSHIP APPLICATION.

CERTIFICATION: BOTH THE INFORMATION ON THIS FORM AND THE SUPPLEMENTAL INFORMATION PROVIDED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature _____

Student Signature _____