

Florida Frontiersmen, Inc.
Homeland, Florida

Application for Scholarship
(Please print or type)

Name _____

Home Address _____ / _____ / _____ / _____
Street City State Zip Code

Telephone ____ / ____ / ____ Date of Birth ____ / ____ / ____ Male ___ Female ___

Email Address: _____

Parent/Guardian Name _____ Work Phone ____ / ____ / ____

School Information

High School Name _____

High School Address _____ / _____ / _____ / _____
Street City State Zip Code

Counselor _____ School Phone ____ / ____ / ____

Anticipated Graduation Date ____ / ____ / ____

List school extra curricular activities including athletics, music, etc. and offices held:

Academic Awards or Honors:

List your community activities (non-school) including all offices held:

List in order of preference three colleges, universities, business or vocational schools you formally applied to for admission:

	<u>Name of Institution</u>	<u>Address</u>	<u>Accepted</u>
(a)	_____	_____	Yes ___ No ___
(b)	_____	_____	Yes ___ No ___
(c)	_____	_____	Yes ___ No ___

What is your chosen major _____

Will your parents assist you financially in continuing your education? Yes ___ No ___

Affidavit:

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I understand that falsification of information may result in termination of any scholarship granted and that this application becomes the property of the Florida Frontiersmen, Inc.

Applicants Signature

Date ____/____/____

Parent/Guardian Signature

Date ____/____/____