

FASFEP 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: _____

Parent(s) or Guardian(s) Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Telephone Number(s): _____

Student Email Address: _____

Parent(s)/Guardian(s) Email Address: _____

Student I.D. Number: _____

High School: _____ Graduation Date: _____

School District Name: _____

Institutional Preference(s)

Tuition and Educational Expenses

1st Choice _____ 1. _____

2nd Choice _____ 2. _____

3rd Choice _____ 3. _____

A Completed FASFEP 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 and Part II A: Demonstration of Financial need;
- List of student organizations and activities (academic, civic, fine arts, athletic)
- 2 X 3 publishable headshot of the applicant;
- Return completed Scholarship Application and all required documents by March 13, 2023, to your school district's Title I Office;
- Complete Vivian Scott Scholarship Routing Form.

Applicant's Signature: _____ Date: _____

Demonstration of Financial Need

Part II: To be Completed ONLY by High School Seniors

Institutional Preference: _____

Have you been accepted? Yes No

AFFIDAVIT

I, _____ hereby authorize _____
(Name of Student) (Name of Principal)
to advise the FASFEP Board as to my demonstrated financial need for the purpose of m
application for the FASFEP Scholarship Program.

Part II A: To be Completed by the High School Principal

I certify that this student has a demonstrated financial need as determined by (please check)

Direct Certification Free or Direct Certification Reduced

Free lunch OR Reduced meal application

This student will meet the established criteria for obtaining a Standard High School
Diploma at the conclusion of this current school year.

_____ School's Percentage of Students Eligible for Direct Certification or Free/Reduced
Meals

Principal's Signature

Date

Name of High School

School Phone Number

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

***Return completed Scholarship Application by March 13, 2023, to your school district's
Title Office.***