



## 2024 FASFEP VIVIAN SCOTT SCHOLARSHIP APPLICATION FORM

**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. #: \_\_\_\_\_ School District Name: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Institutional Preference(s)		Tuition and Educational Expenses	
1 <sup>st</sup> Choice		1.	
2 <sup>nd</sup> Choice		2.	
3 <sup>rd</sup> 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 his/her 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)
- Return completed Scholarship Application and all required documents by February 12, 2024, to your school district's Title I Office;
- Complete Vivian Scott Scholarship Routing Form.

Please check the box below if you are willing to have your photo published on the FASFEP website as a scholarship award recipient. Agreement or non-agreement is not a criterion to be awarded a scholarship. If awarded a scholarship, submit through email a jpeg or png headshot photo.

I give permission to FASFEP to publish my photo on the FASFEP website as a scholarship award recipient.

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 my 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

**PRINCIPAL: Please return this completed form to the applicant on or before February 2, 2024.**

***Return completed Scholarship Application by February 12, 2024, to your school district's Title I District Office***