



APPLICATION FOR SCHOLARSHIP AWARD

A Scholarship will be awarded without regard to age, sex, race, color, creed, ethnic origin, religious affiliation, or physical capacity. To apply for a scholarship, complete this application form and mail completed application and attachments to: **FALSS Scholarship Chair, PO Box 3961, Ocala, FL 34478-3961.** **Application must be post-marked by March 1, 2021.**

Name: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

City/State/Zip: _____

School Name: _____

School Address: _____

City/State/Zip: _____

School Counselor's Name: _____

Counselor's Phone Number: _____

Cumulative grade point at this school: _____

Vocational goal: _____

Awards and honors (attach list if necessary): _____

Community service (attach list if necessary): _____

Attach the following documents to complete the application:

1. Personal letter from Applicant stating need for scholarship and interest in the legal profession;
2. Three letters of recommendation from other than relatives; and
3. Current transcript from school now attending.

DATE

APPLICANT [signature]