



Brevard County 10-13 Club
Annual Scholarship

2026
Scholarship
Application

Personal Information

_____	_____	_____	____/____/____	_____
First Name	M.I.	Last Name	Social Security Number	Phone Number
_____		_____	_____	_____
Street Address		City	State	Zip Code
Month - Day -Year- of Birth ____/____/____		Male____	Female____	

Sponsor Information

_____	_____	_____	_____	_____
First Name	M.I.	Last Name	Phone Number	Alternate Phone

Education Information

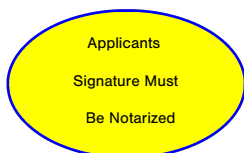
High School Presently Attending	College/University Planning to Attend
School Name _____	School Name _____
Contact Name _____	Contact Name _____
Phone# _____	Phone# _____
Grade Point Average (Weighted) _____ (Un-weighted) _____	Address _____
SAT Score (Math) ____ + (Critical Reading/Writing) ____ = ____ max 1600 ACT	_____
Score Composite ____ max 36	Date of First Semester ____/____/____
You must provide proof of the above scores. You may do so through any Official Record made available to you by the high school you are currently attending.	For Office Use Only: Scholarship Application # Assigned-
Date of Graduation ____/____/____	Reviewer _____
	Approved and Forwarded to Trustees for Scoring:
	Disapproved and Reason Why: _____

Certification

I certify that to the best of my knowledge, the information provided in this application is the most current and correct. I have completed this application with the understanding that this application and the information provided is now the property of the Brevard County 10-13 Club

Applicants Signature _____ Date ____/____/____ Sponsors

Signature _____ Date ____/____/____



Subscribed and Sworn to Before Me this ____ Day of ____ . 20__

____ Seal

My Commission Expires _____

How did you hear about this scholarship and, how are you related to the club member sponsoring this application?

Please add your e-mail address _____