



# Brevard County 10-13 Club Annual Scholarship

# 2025 Scholarship Application

### Personal Information

|   |               |                    |   |                       |
|---|---------------|--------------------|---|-----------------------|
| _____<br>First Name                             | _____<br>M.I. | _____<br>Last Name | _____/_____/_____<br>Social Security Number | _____<br>Phone Number |
| _____<br>Street Address                         |               | _____<br>City      | _____<br>State                              | _____<br>Zip Code     |
| Month - Day - Year - of Birth _____/_____/_____ |               | Male _____         | Female _____                                |                       |

### Sponsor Information

|                     |               |                    |                       |                          |
|---------------------|---------------|--------------------|-----------------------|--------------------------|
| _____<br>First Name | _____<br>M.I. | _____<br>Last Name | _____<br>Phone Number | _____<br>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) ____ = ____ <b>max 1600</b>  | _____   |
| ACT Score Composite ____ <b>max 36</b>  | 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— <input style="width: 80px;" type="text"/><br>Reviewer _____<br>Approved and Forwarded to Trustees for Scoring: <input style="width: 60px;" type="text"/><br>Disapproved and Reason Why: _____<br>_____ |
| Date of Graduation _____/_____/_____  |   |

### 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____<br>_____ Seal<br>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 \_\_\_\_\_