



Brevard County 10-13 Club Annual Scholarship

2022 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
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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— <input style="width: 80px;" type="text"/> Reviewer _____ Approved and Forwarded to Trustees for Scoring: <input style="width: 60px;" type="text"/> Disapproved and Reason Why: _____ _____
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__
_____ 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 _____