



P.O. Box 15846

Sarasota, FL 34277

www.suncoastinspro.com

SCHOLARSHIP GUIDELINES

ELIGIBILITY

Applicant must:

1. Be a current resident of Florida and a U.S. citizen;
2. Be a graduating senior of and have attended a Sarasota or Manatee County high school for at least the last two years;
3. Have a high school grade average of at least 3.0 or "B";
4. Have submitted an application, including a Student Aid Report (SAR);
5. Enroll as a full-time undergraduate student in a post-secondary community college, vocational/technical school, or state or private educational institution.

SCHOLARSHIP AMOUNT AND HOW AWARDED

One new scholarship may be awarded each year. The amount of the scholarship is \$1000 per academic year. The organization will consider renewal applications provided the recipient has submitted proof by April 1 that they have maintained a 3.0 (B) grade average.

The scholarship shall be available for the equivalent of eight semesters or upon receipt of a bachelor's degree, whichever comes first.

Scholarship funds will be sent directly to the institution each academic term, upon certification by the institution of full-time enrollment.

HOW TO APPLY

1. Type or print application. Answer all questions.
2. Place completed/signed application in an envelope, along with the following:
 - o A personal letter stating why you think you should be awarded this scholarship;
 - o High school transcript, including first semester grades of current year;
 - o Three letters of reference – one personal and two from teachers;
 - o Copy of your Student Aid Report (SAR).

Transcript and letters may be in separate sealed envelopes if required by school.

3. Mail no later than April 15 to:
SunCoast Insurance Professionals
P.O. Box 15846
Sarasota, FL 34277

Scholarship recipient will be notified by May 1. No other acknowledgements are made.



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SCHOLARSHIP APPLICATION

PLEASE TYPE OR PRINT

STUDENT INFORMATION

Name: _____ **Age:** _____
Last First Middle

Home Address: _____
Street

City County Zip

U.S. citizen: Yes No **Florida resident** _____ years _____ months

Phone: (_____) _____ - _____ **Social Security #** _____

Graduation date: _____ **From:** _____
Month/Year Name of school

School(s) to which you are applying: _____

Field of study: _____

Reason for choosing it: _____

Other scholarships and financial aid programs for which you have applied or intend to apply

Name Approx amount Date of app Answer received

School and civic activities – senior year only, including any offices/positions held:



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Employment – last three years

Dates Employer Job title/description Hours worked/week

FAMILY INFORMATION

Father's name: _____ **Occupation:** _____

Duties/responsibilities: _____

Home address: _____

Mother's name: _____ **Occupation:** _____

Duties/responsibilities: _____

Home address: _____

Annual household income, including child support and/or other income sources:

___ \$30,000 or less ___ \$50,001 - \$60,000 ___ \$80,001 - \$90,000 ___ \$30,001 - \$40,000 ___

\$60,001 - \$70,000 ___ \$90,001 - \$100,000

___ \$40,001 - \$50,000 ___ \$70,001 - \$80,000 ___ over \$100,000

Number of brothers/sisters: _____ **Ages:** _____ **# in college:** _____

I certify that the information contained in this application is true and correct.

Signature of Applicant Date

Signature of parent/guardian Date