



FLORIDA RETIRED EDUCATORS FOUNDATION

SCHOLARSHIP APPLICATION FOR EDUCATION MAJORS

**(Complete application and return to
unit representative listed on
Page 3 by March 1, 2009)**

Date _____

1. Name _____ **Phone** (____) _____
Address _____
City _____ **State** _____ **Zip** _____
County _____ **Email** _____
Cell phone (____) _____ **FAX** _____

2. Date of birth _____ **M**__ **F**__

3. School presently attending:
Name _____ **Phone** (____) _____
Address _____
City _____ **State** _____ **Zip** _____

4. Other members of your household:

| <u>Name</u> | <u>Age</u> | <u>Relationship</u> | <u>Annual Income</u> | <u>Employer</u> |
|-------------|------------|---------------------|----------------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

(Use back of form if additional space is needed)

5. Family income for the past twelve months: \$ _____

6A. Are there special conditions affecting the ability of your family to pay for your college expenses, such as illness, support of a relative or other member of the family attending college while you are doing so?
Yes__ **No**__ . If “yes” use the back of this form to describe these conditions.

6B. For what other financial assistance have you applied? _____

7. **On a separate page, write a brief essay discussing the following: (Please type this on one page).**
- Why you want to become a teacher.
 - What attributes or circumstances qualify you to be a recipient of this scholarship.
 - Your educational and career goals.
 - The impact of your participation in extra curricular school and/or community activities.

8. **Attending college:**

Community college (where?) _____

Four year college of university (where?) _____

Once you have your degree in education, what do you plan to do? _____

9. **Estimated financial assistance needed:**

For each of the first two years _____

For each of the last two or three years _____

10. **Leadership positions and participation in activities:**

| | <u>Activity</u> | <u>Position if officer</u> | <u>Dates</u> |
|----|-----------------|----------------------------|--------------|
| a. | _____ | _____ | _____ |
| b. | _____ | _____ | _____ |
| c. | _____ | _____ | _____ |
| d. | _____ | _____ | _____ |

(Use back of this form if additional space is needed)

11. **Leadership and participation in church and community activities, and volunteer services:**

| | <u>Type of Activity</u> | <u>Position if leader</u> | <u>Dates</u> |
|----|-------------------------|---------------------------|--------------|
| a. | _____ | _____ | _____ |
| b. | _____ | _____ | _____ |
| c. | _____ | _____ | _____ |
| d. | _____ | _____ | _____ |

(Use back of this form if additional space is needed)

12. **Work experience:** _____

13. References:

a. Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Relationship _____

b. Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Relationship _____

14. Attach a Letter of Recommendation from one of the following: an instructor, advisor or college administrator.

15. Completed Application Form, and Official Transcript, and ACT and SAT scores must be mailed no later than March 1, 2009 to the unit representative whose address is listed below:

Unit Scholarship Chairperson: Melva Martin

Address: 1946 SE 36th Street

City: Cape Coral, FL **Zip:** 33904

Phone: (239) 542 - 5658

PLEASE READ AND SIGN:

I understand that if my application is approved, I shall be expected to sign a promissory note each year for the amount of the scholarship, and that each note can be repaid by one year of teaching in an accredited public or private school in Florida.

Print Name: _____

Sign Name: _____

Date: _____