

NAME OF SCHOLARSHIP/FUND/LOAN/PROGRAM

Sarasota Insurance Women Scholarship

ELIGIBILITY/DEADLINES

Pupil Support Services will distribute applications to high school guidance offices in the beginning of January

Deadline April 15.

Must be U.S. Citizen, Florida resident and have attended a Florida public high school for at least two years. Minimum 3.0 GPA and plan to enroll as full-time student at a vocational technical school, community college, or four-year college or university. Limited to seniors only.

SCHOOLS ELIGIBLE TO PARTICIPATE

All Sarasota County public high schools and other accredited schools.

HOW AWARDED/AMOUNT

One new scholarship of \$1,000 awarded each year. Scholarship may be renewable providing recipient has maintained 3.0 GPA and submits renewal application by April 15.

Grades and financial need are considered. A copy of your Student Aid Report (SAR) or IRS 1040 is required.

CONTACT PERSON/AGENCY

Sarasota Insurance Women
C/O Penny Haworth-Rich
1664 Bayonne Street
Sarasota, FL 34231

Phone: 918-4849

SARASOTA INSURANCE WOMEN SCHOLARSHIP GUIDELINES

ELIGIBILITY:

TO BE ELIGIBLE AN APPLICANT MUST:

1. be a current resident of Florida and a U.S. citizen.
2. be a graduating senior of and have attended a Florida public high school for at least two years.
3. have a high school grade average of at least 3.0 or - "B"
4. have submitted an application including Student Aid Report (SAR) form or IRS form 1040 by April 15.
5. enroll as a full-time undergraduate student in a post-secondary community college, vocational/technical school or a state or private educational institution.

HOW AWARDED:

One new scholarship will be awarded for each academic year. The amount of a scholarship is \$1000 per academic year. The organization will consider renewal applications provided the recipient has maintained a 3.0 or B average and has submitted a renewal application by April 15.

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

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

STEPS IN APPLYING:

1. Type or print application. Answer all questions.
2. Include first semester grades of current year in transcript.
3. Place application, transcript and letters of reference (two from teachers, one personal) your personal letter stating why you should be awarded the scholarship, and copy of your Student Aid Report (SAR) or IRS form 1040 in one huge manila envelope for mailing. Transcript and letters may be placed in separate sealed envelopes if required by school.
4. Mail to Sarasota Insurance Women, address below, no later than April 15.
5. Renewal applications will be sent to each recipient for the next academic year.
6. The applicant receiving the award will be notified by May 1.

No other acknowledgements are made.

Mail to: Sarasota Insurance Women
CIO Penny Haworth-Rich
1664 Bayonne Street
Sarasota, FL 34231

SARASOTA INSURANCE WOMEN SCHOLARSHIP APPLICATION

STUDENT INFORMATION - PLEASE TYPE OR PRINT

NAME _____ AGE _____
Last First Middle

HOME ADDRESS _____
Street city Zip

U.S. CITIZEN ____Yes ____No

RESIDENT OF STATE OF FLORIDA ____Years ____Months _____County

TELEPHONE () _____ SOCIAL SECURITY NUMBER _____

EXPECTED DATE OF GRADUATION _____ FROM _____
Name of School

GRADE POINT AVERAGE _____ CLASS RANK _____

SCHOOL(S) TO WHICH YOU ARE APPLYING _____

FIELD OF STUDY _____

INDICATE YOUR REASONS _____

INDICATE ALL OTHER SCHOLARSHIPS AND FINANCIAL AID PROGRAMS FOR WHICH YOU HAVE APPLIED OR INTEND TO APPLY:

Name of Scholarship	Estimate of Value	Date of App	Answer Received
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SCHOOL AND CIVIC ACTIVITIES (PLEASE LIST ANY POSITIONS HELD) _____

LIST ALL EMPLOYMENT DURING PREVIOUS THREE YEARS - JOB DESCRIPTION, HOURS WORKED PER WEEK, DATES OF EMPLOYMENT

FAMILY INFORMATION

FATHER'S NAME _____ OCCUPATION _____

DUTIES/RESPONSIBILITIES _____

HOME/ADDRESS _____
Street City State Zip

MOTHER'S NAME _____ OCCUPATION _____

DUTIES/RESPONSIBILITIES _____

HOME ADDRESS _____
Street City State Zip

PLEASE CHECK THE RANGE OF YOUR FAMILY'S ANNUAL INCOME INCLUDING CHILD SUPPORT OR OTHER SOURCES:

___ Less than \$20,000	___ \$30,000 - 35,000	___ \$55,000 - 60,000
___ \$20,000 - 25,000	___ \$35,000 - 40,000	___ \$60,000 - 65,000
___ \$25,000 - 30,000	___ \$40,000 - 55,000	___ over \$65,000

NUMBER OF BROTHERS/SISTERS LIVING AT HOME _____ AGES _____

NUMBER, OF BROTHERS/SISTERS IN COLLEGE _____

I, THE APPLICANT, CERTIFY THAT THE ABOVE IS TRUE AND CORRECT.

Signature of Applicant

Signature of Parent (Guardian)