



EDWARD K ROBERTS SCHOLARSHIP APPLICATION

Name _____ SFSC ID# _____

Telephone # _____ Date of Birth _____

Address _____
Street City State Zip

Anticipated SFSC Graduation Date _____ Cumulative GPA _____

Program of Study _____ Term _____

Submit the following with application:

1. Biographical statement address to **Community Foundation of Sarasota County** of your Personal and Professional goals and the circumstances in which this scholarship will help you complete those goals. *Please use a separate sheet of paper.*
2. Attach class schedule **and** book receipt(s)
3. A thank you note/card is required upon receipt of this award

NOTE: I, the undersigned applicant, pledge that the information submitted in this application is true and correct to the best of my knowledge.

Signature _____ DATE _____

(Office Use Only)

Approved for \$ _____ Scholarship needed for : _____

Approved by : _____ Date : _____