



## 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 : \_\_\_\_\_