

Term



EDWARD K ROBERTS SCHOLARSHIP APPLICATION

Attach class schedule and/or book receipt(s)

Name _____ Date _____

SFSC ID# _____ Date of Birth _____

Address _____
Street City State Zip

Telephone# (____) _____

Anticipated SFSC Graduation Date _____ Cumulative GPA _____

Program of Study _____ Enrollment status Full Time Part Time

Biographical statement addressed to the 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.

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: _____

**Please submit all documents to SFSC Financial Aid Office
600 West College Drive, Building B, Avon Park, FL 33825
OR E-mail: FinancialAid@southflorida.edu**